

Record Request Form



Requester's Information

Name: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

Date Submitted: _____

Record(s) Requested:

I acknowledge by submitting this form that the records sought by this request will not be used for a mailing list as set forth in Idaho Code Section 74-102.

To be completed by district personnel:

Date Request Received by District Office: _____

- 10 - Day Extension Requested. Document(s)/items(s) Due: _____
- Record Request Granted. Date Mailed to Requester: _____
- Record Request partially denied. Date letter mailed to Requester: _____
- Record Request denied. Date letter mailed to Requester: _____

District personnel comments/notes: _____

Itemized Statement of Fees:

- Per page cost for copies \$ _____
- Hourly rate of employees \$ _____
- Hourly rate of attorneys \$ _____
- Actual time spent responding to request: \$ _____
- Estimated Fees \$ _____
- Collected Fees \$ _____
- Returned Fees \$ _____

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