

RECORD REQUEST FORM – 1530F

To Be Completed By Requester:

Requester's Printed Name

Date of Request

Requester's Signature

Requester's Mailing Address

City, State, Zip Code

Requester's Telephone Number

Requester's Email Address

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

Record(s) Requested: _____

To Be Completed By District Personnel:

Date Request Received in District Office: _____

10-Day Extension Requested. Document(s)/Item(s) Due: _____

Record Requested Granted. Date Mailed to Requester: _____

Record Request Partially Denied. Date Letter Mailed to Requester: _____

Record Request Denied. Date Letter Mailed to Patron: _____

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 \$ _____