

District Record Request Form

**RECORD REQUEST FORM**

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: (Including Date Range Records were created.) \_\_\_\_\_

\_\_\_\_\_

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 \$ \_\_\_\_\_

Procedure History:

Promulgated on: 2/1/16

Revised on: 9/14/20