

REQUEST TO EXAMINE / COPY PUBLIC RECORDS

TO: _____ (Governmental Entity)

DATE: _____

I hereby request, pursuant to Idaho Code § 74-102, to examine and/or copy the following Public records *(describe records specifically. If more room is needed, attach additional pages.):*

- ☐ These records specifically pertain to myself.
- ☐ I wish to merely examine these records.
- ☐ I wish copies of these records.

Print Name: _____

Mailing Address: _____

Telephone Number: (____) _____

Signature: _____

I acknowledge by my signature that the records sought by this request will not be for a mailing list or telephone list as set forth in Idaho Code § 74-120.

**RESPONSE TO REQUEST TO EXAMINE AND /OR COPY
PUBLIC RECORDS**

Date: _____

Name of Requestor: _____

Date of Request: _____

1. ☐ Your request has been approved. See attached documents or please contact the undersigned to arrange a time to examine the records. (*This may be a partial approval. See item 2 or 3 regarding records not located or deemed exempt.*)

_____ Copies provided

\$_____ Total Cost

2. ☐ It has been determined that additional time is required to locate or retrieve the records you have requested. Said records shall be available on _____, or further information will be provided regarding your request. (*No longer than 10 days from request.*)

3. ☐ Your request has been denied as the following records are exempt from public disclosure for the stated reason.

Idaho Code Section

4. ☐ The attorney for the entity has reviewed your request and this response.

NOTICE: PURSUANT TO IDAHO CODE § 74-115 YOU HAVE 180 DAYS TO APPEAL THIS DECISION BY FILING A PETITION IN STATE DISTRICT COURT IN THE COUNTY WHERE ALL OR PART OF THE RECORDS ARE LOCATED.

Custodian: _____

Department: _____

Telephone: _____

Gem County