PR____-___-____
Year Month Doc #

REQUEST TO EXAMINE/COPY PUBLIC RECORDS

Date_____

I hereby request, pursuant to Idaho Code § 9-338, the right to examine and/or copy the following public records:

_____

_____

☐ Records specifically pertain to myself ☐ Request to merely examine these records ☐ Request copies of these records

Print Name: _____ Telephone _____

Mailing Address: _____

Signature _____*I acknowledge by my signature that the records sought by this request will not be used for a mailing list or telephone list as set forth in Idaho Code § 9-348.*

No Fees required

RESPONSE TO REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

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 items 2 or 3 regarding records not located or deemed exempt.)*
   _____ Staff time provided _____ Copies provided

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 or do not exist.

   _____ Idaho Code Section _____

   _____ City Attorney Signature

NOTICE: PURSUANT TO IDAHO CODE § 9-343 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