



Southeastern Idaho Public Health

REQUEST FOR PUBLIC RECORDS

Date of Request: _____

Printed Name of Requester: _____

Telephone Number: _____ Email address: _____

I request to examine the following records I request a copy of the following records

(Be specific) _____

If records are to be mailed, please complete the following:

Street address: _____

City, State, Zip: _____

By signature below, requester acknowledges the following:

- Per Idaho Code 9-348, the requested information will not be used for purposes of a mailing or telephone list, or as otherwise prohibited by law
- A fee of five cents (\$.05) per copy page shall be charged, generally prepaid, before copies are made
- Per Idaho Code 9-338, actual labor costs associated with locating and copying documents shall be charged if:
 1. the request is for more than one hundred (100) pages of paper records; or
 2. the request includes records from which nonpublic information must be deleted; or
 3. the actual labor associated with locating and copying records exceeds two (2) person hours.
- Prepayment of estimated costs will be required
- Requester may be charged for mailing costs

Signature: _____

This Section for Office Use Only		
Request Taken By: _____	Approved By: _____	
Records Mailed By: _____	Date: _____	
Number Copies: _____	Estimated Time: _____	Per Hour Cost: _____
Copy/labor charges: _____	Mailing cost: _____	Total Fees: _____

Per I.C. §9-339, a public agency shall either grant or deny a person's request to examine or copy public records within three (3) working days of the date of receipt of the request.

No records were found in our files regarding the requested information