Southeastern Idaho Public Health

SEPTIC RECORDS REQUEST

Date of Request: _____

Printed Name of Requester: _____

Telephone Number: _____ Email address: _____

Property Information:

Street Address: _____

Legal Description: *Township:* _____ *Range:* _____ *Section:* _____

Name of Subdivision: _____ *Lot #:* _____ *Block #:* _____

Year home built: _____

Year repairs made to septic system: _____

Name(s) of previous owners: _____

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**