



Parma School District #137

Striving for Excellence

Dale Layne

Superintendent

District Office

805 E. McConnell Ave. - Parma, ID 83660

(208) 779-4069 - (208) 779-4080 FAX

Idaho Code § 74-103 and District Policy No. 276 provide the public with the opportunity to review or copy public documents. In order to best serve the public and expeditiously process a request for public records, all requests to examine or copy public records must be made in writing and specifically describe the subject matter and records sought, including a specific date range for when the records sought were created. Requests shall be describe records sought in sufficient detail to enable staff to locate the records with reasonable effort. All fields in the request form must be filled out All applicable fees must be paid before staff will work on responding to the request. The request for public records will be acknowledged and granted or denied within three (3) business days. If additional time is needed to locate or retrieve the public records, they will be provided no later than ten (10) business days if the request is from an Idaho resident or no later than twenty-one (21) business days if the request is from a non-Idaho resident. Business days are Monday – Friday, 8:00 a.m. to 4:30 p.m., following the School District calendar. All requests received after normal business hours (excluding holidays) shall be deemed received the next business day. Note: Records provided pursuant to a public record request are not warranted as to completeness or accuracy. The information provided represents the disclosable information available under Idaho Code, Title 74, Chapter 1 and District Policy No. 276. The district reserves the right to aggregate multiple requests where staff reasonably determines a requester has made multiple requests to avoid payment of fees.

PLEASE TYPE OR PRINT LEGIBLY

Date: _____ / _____ / _____

Name: _____
First Name Last Name

Company (if applicable): _____

Address: _____
Street City State Zip

Telephone: (_____) _____ - _____ Facsimile: (_____) _____ - _____

Signature: _____ Email: _____

Public Records Request:



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Legal Department Review:

[Name] Date

[Name] Date

[Name] Date

Staff Use Only:

Request Completed By: _____

Completion Date: _____

Requestor Contacted: _____

Notification By: _____

- U.S. Mail
- Fax
- Email
- Phone

Request Picked Up By: _____

Date Request Picked Up: _____

Copying Fees: Pursuant to

I.C. § 74-102(10)

First 100 Copies = FREE

First 2 Hours Labor = FREE

_____ x \$ ____ = \$ ____

#Pages (101 Copies)

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#Pages (Plan Sheets)

_____ x \$ ____ = \$ ____

#Tapes/CDs/DVDs

_____ x \$ ____ = \$ ____

#Labor Hrs./Rate (after first 2 hours)

TOTAL COST = \$ _____

