

District Record Request Form

RECORD REQUEST FORM

To Be Completed By Requester:

Requester's Name

Date of Request

Requester's Mailing Address

City, State, Zip Code

Requester's Telephone Number

Record(s) Requested: _____

Under oath, and with the understanding of the possible penalty of perjury should I provide untruthful information, I affirm that I am:

_____ A resident of the State of Idaho. I have resided in Idaho for at least the last 30 days or I am making this request on behalf of a domestic entity as provided in IC 30-21-102. I am **not** a full-time student who is a resident of another state.

Identification of Idaho Domestic Entity if request is being made on behalf of such entity:

Name of Idaho Domestic Entity: _____

Address: _____

Position held by person making request on behalf of Idaho Domestic Entity:

OR

_____ I am **not** a resident of the State of Idaho or an employee of a resident as described above.

To Be Completed By District Personnel:

Date Request Received in District Office: _____

10-Day Extension Requested. Document(s)/Item(s) Due: _____

Record Requested Granted. Date Mailed to Requester: _____

Record Request Partially Denied. Date Letter Mailed to Requester: _____

Record Request Denied. Date Letter Mailed to Patron: _____

District Personnel Comments/Notes: _____

Request by an Idaho Resident or Their Employee

_____ Initial if Applicable: More than three (3) working days are needed to locate or retrieve the requested records. A response shall be provided within ten (10) working days of the request.

_____ Initial if Applicable: The record requested must be converted from one electronic format to another and doing so will require more than ten working days. The agency shall provide the converted public record at the following time, which has been mutually agreed upon between the agency and the requester, with due consideration given to any limitations that may exist due to the process of conversion or due to the use of a third party to make the conversion: _____

Payment received for _____ Copies _____

Amount Received _____

Payment received for _____ Labor _____

Amount Received _____

Receipt Number