

REQUEST TO EXAMINE / COPY PUBLIC RECORDS

TO: TWIN FALLS COUNTY

DATE \_\_\_\_\_

Pursuant to Idaho Code §74-102, all records or documents within the possession or control of the County are open to public inspection, unless exempt from disclosure by statutes. See Idaho Code §74-124, §74-105 through 74-111, and §74-206.

Under the following circumstances, the County may charge a fee to recover the actual labor cost associated with locating and copying the documents requested.

1. If the request is for more than one hundred (100) pages of paper records; or
2. The request includes records from which non-public information must be deleted; or
3. The actual labor associated with locating and copying documents for a request exceed two (2) person hours.
4. Fees for labor costs shall be assessed according to Idaho Code §74-102(10)(e) and may vary with each individual request.

The County may also charge a fee for duplicating a computer tape, computer disk, microfilm, or similar or analogous record system containing public information. Idaho Code §74-102.

I, \_\_\_\_\_ hereby request, pursuant to Idaho Code 74-102, to examine and/or copy the following public records (attach additional sheets if necessary):

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- These records specifically pertain to myself.
- I wish to merely examine these records.
- I wish copies of these records.

Printed Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

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 74-120.*

**RESPONSE TO REQUEST TO EXAMINE AND / OR COPY PUBLIC RECORDS**

DATE \_\_\_\_\_

NAME OF REQUESTOR \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_

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.)

_____	Copies Provided
\$ _____	Total Cost

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:

Idaho Code Section

_____	_____
_____	_____
_____	_____

4. ( ) The attorney for the entity has reviewed your request and this response.
5. ( ) The entity has had an opportunity to consult with an attorney concerning your request and this response but has chosen not to.

NOTICE: PURSUANT TO IDAHO CODE 74-115 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.

\_\_\_\_\_  
Custodian  
Dept. \_\_\_\_\_ Telephone # \_\_\_\_\_  
Twin Falls County