



PUBLIC RECORDS REQUEST FORM

PLEASE READ CAREFULLY! Jefferson County will produce records in accordance with the Idaho Public Records Act, subject to appropriate exemptions. The requesting party is hereby notified as follows:

- Costs and fees for production of records are governed by I.C. § 74-102(10) (please review these costs and fees carefully as payment, when required, is a precondition to production);
- Jefferson County is only required to produce **records** in existence, not create records or answer questions (I.C. §§ 74-102 and 74-101(13));
- Unless otherwise notified, Jefferson County will approve or deny requests within **three (3)** working days of receipt but may be entitled to an extension of time to respond (I.C. § 74-103);
- Unless otherwise notified, once Jefferson County contacts you to notify you your records are ready, you will have **five (5)** working days to retrieve your information; **AND**
- If your request is denied in whole or in part for any reason below, you have the right to appeal any denial to the 7th District Judicial Court within 180 days of the date of the denial (I.C. § 74-115).

REQUESTOR INFORMATION

NAME _____ (PRINT)

COMPANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE/CELL# _____ FAX # _____

E-MAIL _____

SIGNATURE OF REQUESTOR _____ DATE _____

I acknowledge by my signature that the records sought by this request will not be used for a mailing or telephone list (I.C. § 74-120)

REQUESTED RECORDS

I hereby request, pursuant to I.C. § 74-102, to examine and/or copy the following public records:

ADDITIONAL INFORMATION _____

___ THESE RECORDS SPECIFICALLY PERTAIN TO MYSELF

___ I MERELY WISH TO EXAMINE THESE RECORDS

___ I WISH COPIES OF THESE RECORDS

DO NOT WRITE IN THIS SPACE - - OFFICIAL USE ONLY:

Referred to (Department): _____

Received by Custodian of Records: _____ Full Release: _____

Number of Pages: ___ Photos: ___ Audio: _____ EIMPACT: _____

Date completed: _____ Partial Release: _____

E-mailed Mailed Faxed Hand Delivered

IF DENIED, ATTORNEY REVIEW:

___ Access is Denied Pursuant to I.C. § 74-_____ AND § 74-_____;

___ Access is partially granted as to _____ and denied as to _____ pursuant to I.C. § 74-_____;

___ Granted no redactions; OR

___ Granted with redactions per I.C. § 74-106(28)

ATTORNEY SIGNATURE _____ DATE _____