REQUEST TO EXAMINE / COPY PUBLIC RECORDS

TO: TWIN FALLS COUNTY DATE _____

Pursuant to Idaho Code §9-338, 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 §9-335, §9-340A through 9-340H, and §67-2345.

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 §9-338(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 §9-338.

I, _____ hereby request, pursuant to Idaho Code 9-338, to examine and/or copy the following public records (attach additional sheets if necessary):

_____

_____

_____

_____

_____

_____

( ) 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 9-348.

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 9-343 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