



CAMAS COUNTY COURTHOUSE

501 Soldier Rd / PO Box 430
Fairfield, ID 83327
Tel: (208) 764-2242 Fax: (208) 764-2349

REQUEST TO EXAMINE/COPY PUBLIC RECORDS

Date of Request: _____

In order to best serve the public and expeditiously process your request for public records, all requests to examine or copy public records **must be made in writing.**

I hereby request, pursuant to Idaho Code §74-103, to examine and/or copy the following public records:

1. _____
2. _____
3. _____
4. _____

() These records specifically pertain to myself () I wish to examine these records () I wish copies of these records

Printed Name: _____

Address: _____

Telephone: _____ Email: _____

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. Violations are subject to Civil Penalties of up to \$1000 (I.C. 9-348).

Response (Official Use Only)

Pursuant to Idaho Code §74-102 (10)(a), no fee shall be charged for the first two (2) hours of labor in responding to a request for public records, or for copying the first one hundred (100) pages of paper records that are requested.

() 1. Approved: ____ paper copies @ \$.10/pg: ____ USB Drive @ \$10:00: TOTAL DUE: _____

() 2. Additional time is required to locate/retrieve/copy the requested records. Said records shall be available on _____ (No longer than 10 days from receipt of the request by the custodian (excluding holidays, Saturdays and Sundays).

() 3. Your request has been denied as the requested records are exempt from public disclosure for the reason stated: **Idaho Code Section §** _____

Custodian Signature: _____

NOTE: 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.

Date Received by Custodian: _____ **Date Provided:** _____