PUBLIC RECORDS REQUEST FORM

Name:_____Date:_____

Mailing Address:_____

Telephone Number:_____ Email Address:_____

Please note that any requests received after 3:00 p.m. will be considered as submitted on the subsequent business day.

<u>*Cost: $0.07 per page if the request is more than one hundred (100) pages and $15.00 an hour beyond two (2) hours spent per request. If a request requires redactions to be made by an attorney the cost is $155 an hour and reimbursable by the District, per Idaho Code 74-102(10)(b)(e)(2015).</u>

I am requesting to □ <u>copy</u> or to □ <u>examine</u> certain records of the Bayview Water and Sewer District which may be identified as follows:

_____

_____

_____

_____

Response

☐ **Request Granted:** The requested record is attached.

☐ **Response Delayed**

  ☐ Additional time is necessary to locate or retrieve the requested record. You should receive a response no later than ten (10) working days following the date of your request. I.C. § 74-103(1)

  ☐ The electronic records requested will have to be converted to another electronic format, which will take more than ten (10) working days following the date of your request to respond.

☐ **Advance Payment Required:** Advance payment of the cost associated with responding to your request is required. Please contact the District Administrator to discuss the amount and manner of the advance payment.

☐ **Unable to Respond for One or More of the Following Reasons**

  ☐ The request is ambiguous. Please provide additional information to clarify your request.

  ☐ The requested records are not known to exist.

  ☐ The Bayview Water and Sewer District is not the custodian of the requested record.

☐ **Notice of Denial:** The requested record is exempt from disclosure pursuant to Idaho Code § 74-_____ (104-111).

☐ **Notice of Partial Denial:** Your request has been partially denied. Certain information has been determined to be exempt from disclosure pursuant to Idaho Code § 74-_____ (104-111), and has therefore been redacted from the requested record. A copy of the requested record with the exempt information redacted is attached.

If your request has been denied or partially denied, an attorney for the Bayview Water and Sewer District has reviewed the request, or the Bayview Water and Sewer District has had the opportunity to consult with an attorney regarding the request for examination or copying of a record and has chosen not to do so.

_____ **Date:** _____
Signature of Responding Official/Custodian