



CITY OF STAR
P.O. Box 130
Star, Idaho 83669
Phone: 208-286-7247 Fax: 208-286-7569

REQUEST TO EXAMINE PUBLIC RECORDS

(Please Print the following)

Name: _____ Date: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

***** ITEM OR ITEMS REQUESTED *****

(If you need more space, please complete on the back of this page)

Please specify by circling one: Are you requesting access, copies or certified copies of public records.

I have read and understand that per Idaho Law 9-338 the City of Star has the right to implement fees. The following fees shall apply:

- * 10 cents per page copied
- * \$13.50 in labor costs will be charged for: more than 100 pages; or for information from which nonpublic information must be deleted or the actual labor associated with locating and copying the documents that exceeds two hours.
- * Fees for large amounts of data may be required prior to the completion of the work.

I further agree that I will not use the requested information for mailing or telephone lists, by penalty of Idaho Law 9-348.

I understand that the information requested may take more than three days to process and that I will be contacted by the City of Star stating an expected time frame for completion.

I understand the City does not process continuous information requests.

Requester's Signature: _____

For City Use Only

Date information granted: _____ Fee Collected: _____
Date requester contacted about extended time: _____
City Employee Processing Request: _____