



REQUEST TO EXAMINE PUBLIC RECORDS

Name: _____ Date: _____

Mailing Address: _____

Phone: _____ Email: _____

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

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

- These records specifically pertain to myself.
- I wish to merely examine these records.
- I wish copies of these records.

- I have read and understand that per Idaho Law 74-102(10) the City of Star has the right to implement fees. The following fees shall apply:
 - * 10 cents per page (101 + pages)
 - * \$12.00 in labor costs will be charged for actual labor associated with locating and copying the documents that exceeds two hours.
 - * \$1.00 per page for Certified Copies
 - * CD or Flash Drives at Cost
 - * 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 74-120.
- I understand the City has up to three (3) days to grant or deny the information requested. If it is determined it may take more than three (3) days to process, I understand I will be notified in writing that it may take up to ten (10) working days from date of request for completion of request. Idaho Code 74-103.
- I understand the City does not process continuous information requests.
- I understand the City will not process my request unless this form is complete.

Requester's Signature: _____

FOR OFFICE USE ONLY

Date information granted: _____ Method of Delivery: _____ Fee Collected: _____

Date requester contacted about extended time: _____

City Employee Processing Request: _____