PUBLIC RECORDS INFORMATION REQUEST

Name:__________________________________________________________

Address:________________________________________________________________

Telephone:_________________________ Fax Number(optional):___________________

E-Mail address:__________________________________

Date of request:__________________________________

INFORMATION REQUESTED (PLEASE BE SPECIFIC):

Under penalty of perjury, I hereby certify that I will not be using, nor will I allow to be used in any manner or form, the records, documents, or lists (hereinafter “Data”) obtained from the City of Iona as a mailing or telephone number list for any purpose, including soliciting, market research, etc., in accordance with Idaho Code 9-348.

____________________________________________
SIGNATURE

City employee processing request:__________________________________________

Date completed:___________________

I.C. 9-339(1) - If more than three (3) working days are needed to process the request, the requestor shall be notified, with the documents or response following within ten (10) days.
REQUEST TO EXAMINE/COPY PUBLIC RECORDS

TO: ________________________________________________________________

(Governmental Entity)

DATE: ________________________________________________________________

I hereby request, pursuant to Idaho Code 9-338, to examine and/or copy the following public records:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

[ ] These records specifically pertain to myself.

[ ] I wish to merely examine these records.

[ ] I wish copies of these records.

Print Name: __________________________________________________________

Mailing Address: ______________________________________________________

Telephone number: (___)________________________

Signature: ____________________________________________________________

I acknowledge by my signature that the records sought by this request will not be used for

 mailed list or telephones 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 were provided on: ____________ Correspondence between the Attorney was not provided because it is exempt under the Client/Attorney Privilege.

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 City of Iona has reviewed your request and this response.

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

Records Custodian
Dept. _______ Telephone # ________
City of Iona

REQUEST TO EXAMINE/COPY PUBLIC RECORDS