



City of Iona

City Office
3548 North Main Street
Iona, Idaho 83427

Telephone: (208)523-5600
Fax: (208)535-0087

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 mailing list or telephones list as set forth in Idaho Code 9-348.

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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