

District Record Request Form

**Request for Public Records**

I request:  to examine  to copy  to receive an electronic copy of

the following records (please be as specific as possible):

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Date Records Requested Were Created:

Beginning: \_\_\_\_\_

Ending: \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

Mailing Address:

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Under oath, and with the understanding of the possible penalty of perjury should I provide untruthful information, I affirm that I am:

\_\_\_\_\_ A resident of the State of Idaho. I have resided in Idaho for at least the last 30 days or I am making this request on behalf of a domestic entity as provided in IC 30-21-102. I am not a full-time student who is a resident of another state.

Identification of Idaho Domestic Entity if request is being made on behalf of such entity:

Name of Idaho Domestic Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Position held by person making request on behalf of Idaho Domestic Entity:

\_\_\_\_\_

OR

\_\_\_\_\_ I am not a resident of the State of Idaho or an employee of a resident as described above.

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Daytime Phone Number

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Public Agency \_\_\_\_\_

Request by an Idaho Resident or Their Employee

\_\_\_\_\_ Initial if Applicable: More than three working days are needed to locate or retrieve the requested records. A response shall be provided within ten working days of the request unless the field below has been initialed.

\_\_\_\_\_ Initial if Applicable: The record requested must be converted from one electronic format to another and doing so will require more than ten working days. The agency shall provide the converted public record at the following time, which has been mutually agreed upon between the agency and the requester, with due consideration given to any limitations that may exist due to the process of conversion or due to the use of a third party to make the conversion: \_\_\_\_\_

Request by Someone Who is Not an Idaho Resident or Their Employee

\_\_\_\_\_ Initial if Applicable: More than 21 days are needed to locate or retrieve the requested records. A response shall be provided within 35 days of the request. unless the field below has been initialed.

\_\_\_\_\_ Initial if Applicable: The record requested must be converted from one electronic format to another and doing so will require more than 35 days. The agency shall provide the converted public record at the following time, which has been mutually agreed upon between the agency and the requester, with due consideration given to any limitations that may exist due to the process of conversion or due to the use of a third party to make the conversion: \_\_\_\_\_

Payment received for \_\_\_\_\_ Copies \_\_\_\_\_

Amount Received: \_\_\_\_\_

Payment received for \_\_\_\_\_ Labor \_\_\_\_\_

Amount Received: \_\_\_\_\_

\_\_\_\_\_  
Receipt Number