PUBLIC RECORDS REQUEST FORM

STEP NO. 1 REQUESTER COMPLETES THIS PAGE AND FILES REQUEST:
Request must be filed at the Middleton Rural Fire District Station No. 1 Address: 302 East Main Street, Middleton ID 83644 on regular business days [not including legal holidays] between the hours of 8:00 a.m. and 5:00 p.m.

Idaho Code Title 74 Chapter 1 provides the procedures for reviewing and/or copying public documents. All requests to examine or copy public record MUST BE MADE IN WRITING. Please complete this form. All copies made are subject to a copy cost that may be required prior to receipt of records. All requests received after normal business hours (excluding holidays) shall be deemed received the next business day.

PLEASE TYPE OR PRINT LEGIBLY

Name of Requester: ___________________________ Date of Request: ____________
Company (if applicable) ___________________________
Address: ______________________________________

Phone: ___________________________ E-mail: ___________________________

Description of the Public Records request:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

NOTICE TO REQUESTER – Exemptions from Fees
No fee for labor or copying shall be charged in the event the requester demonstrates that the requester’s examination and/or copy of public records:
Is likely to contribute significantly to the public’s understanding of operations or activities of the government; or Is not primarily in the individual interest of the requester including, but not limited to, the requester’s interest in litigation in which the requester is or may become a party; or
Would not otherwise occur because the requester has insufficient financial resources to pay such fees.
☐ I am not claiming an exemption.
☐ I am claiming an exemption based upon the following:
[Set out factual basis for claim of exemption and attach to Public Records Request]

_________________________________________  ________________
Signature of Requester                        Date