

**CANYON COUNTY AMBULANCE DISTRICT
PUBLIC RECORDS REQUEST FORM**

STEP NO. 1 REQUESTER COMPLETES THIS PAGE AND FILES REQUEST:

Idaho Code § 74-102 provides the procedures for reviewing and/or copying public documents. All requests to examine or copy public records **MUST BE MADE IN WRITING**. Please complete this form. All copies made are subject to a copying 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: _____ Fax: _____

I Request to Receive the Response to My Public Records Request in the Following Format: (CHECK ONE) ☐ Mail ☐ Phone ☐ E-mail ☐ Fax

Description of the Public Records Requested:

NOTICE TO REQUESTER

Estimate of Fees: Idaho Code Section 74-102 (12) provides: In the event the Secretary, as the custodian of the records, in the process of this request determines that completing this request is likely to involve the production of more than 100 copies, or involve more than 2 hours of staff time, and/or will involve legal advice for review and redaction, the Secretary will estimate those fees and provide written notice to the Requester requiring advance payment of those estimated fees. If the estimated fees are then paid the Secretary will proceed with the Request. Funds received will be credited to the Requester's account. Any portion of an advance payment of fees by the Requester, in excess of the actual costs incurred in responding to the request, shall be returned to the requester. In the event the Secretary provides written notice requiring advance payment of estimated fees (see the following page) this request will not be considered received until advanced payment has been made by the 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 copying of public records:

-) Is likely to contribute significantly to the public's understanding of the operations or activities of the government; and
-) 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; and
-) 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 your factual basis, addressing all three above stated requirements, demonstrating a basis for the claim of exemption and attach to public records request]

Signed: _____
Requester

Date: _____

FOR DISTRICT USE ONLY BELOW THIS LINE

STEP NO. 2: COMPLETED BY DISTRICT AND RETURNED TO REQUESTER

- ☐ Request is granted. See attached records.
- ☐ Response will take up to ten (10) days to locate and retrieve the public records requested.
- ☐ Request is broad in scope and/or is likely to include voluminous materials or involve more than two (2) hours of labor.
- ☐ Requester(s) has/have made multiple requests. Notice provided to requester(s) that requests have been aggregated and appropriate fees will be charged.
- ☐ Advance payment of fees required. [Advance fees to be credited to the Ambulance District's general fund. If advance payment exceeds the fees charged, the difference shall be returned to the requester.]
- ☐ Request Denied in Total. Statutory Basis for Denial:

- ☐ Request Denied in Part and/or Redacted. Statutory Basis for Denial in Part and/or Redaction:

Notice of Right of Appeal: You are hereby notified that you have a right to appeal a *denial* or *partial denial* response by instituting a proceeding in the District Court of the State of Idaho within one hundred eighty (180) calendar days from the date of mailing of this notice of denial as provided in Idaho Code § 74-115. You are advised that the Ambulance District's Attorney has reviewed your request.

Complete Statement of Estimated Fees (to be charged):

# pages copied:	x 0.10 cents per page	\$
# hours worked:	x \$15 if request exceeds 100 pages or 2 person hours	\$
# records certified:	x \$1 per record	\$
Attorney hours: [if redaction is required]	x \$200 per hour	\$
	Total Cost:	\$

***If advance payment of estimated fees is required, this request will not be considered received until advanced payment has been made by the requester**

FOR DISTRICT USE ONLY BELOW THIS LINE

STEP NO. 3: COMPLETED BY AMBULANCE DISTRICT WHEN REQUEST GRANTED

Documents Attached to Response of Public Records Request:	
Document Description	Numbered

Signed: _____ Date: _____