HIGHWAY DISTRICT No.4
15435 HIGHWAY 44
CALDWELL, IDAHO 83607

TELEPHONE 208.454.8135
FAX 208.454.2008

HIGHWAY DISTRICT NO. 4
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 - Exemptions from Fees

No fee for labor and/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: _____ Date: _____
Requester

FOR OFFICIAL USE ONLY BELOW THIS LINE
Routing and Response

STEP NO. 2: COMPLETED BY CUSTODIAN OF THE HIGHWAY DISTRICT RECORDS

☐ Preliminary Determination Action:
NOTE: Initial only where applicable to request. If not applicable, leave blank and proceed to Step No. 3.

☐ **For in state <u>residence</u> requests:** Response will take up to ten (10) days to locate and retrieve the public records requested. <u>An Idaho resident is a person who has been domiciled in Idaho continuously for thirty (30) days, not including students who are residence of another state, and a domestic entity.</u>	Requestor Contacted: Date:_____ Initial:_____ Notification by: ☐ Mail ☐ Phone ☐ E-mail ☐ Fax
☐ **For out of state <u>residence</u> requests:** <u>Response will take up to twenty-one (21) days to locate and retrieve the public records requested.</u>	<u>Requestor Contacted:</u> <u>Date:_____</u> <u>Initial:_____</u> <u>Notification by:</u> <u>☐ Mail ☐ Phone ☐ E-mail ☐ Fax</u>
☐ Request may be denied or subject to redaction and will require review by the District's Attorney.	Requestor Contacted: Date:_____ Initial:_____ Notification by: ☐ Mail ☐ Phone ☐ E-mail ☐ Fax Attorney Notified for review: _____ Notification by: ☐ Mail ☐ Phone ☐ E-mail ☐ Fax
☐ Request is broad in scope and/or is likely to include voluminous materials or involve more than two (2) hours of labor; information provided to requester to narrow scope of request.	Requestor Contacted: Date:_____ Initial:_____ Notification by: ☐ Mail ☐ Phone ☐ E-mail ☐ Fax
☐ Requester(s) has/have made multiple requests. Notice provided to requester(s) that requests have been aggregated and appropriate fees will be charged.	Requestor Contacted: Date:_____ Initial:_____ Notification by: ☐ Mail ☐ Phone ☐ E-mail ☐ Fax
☐ Advance payment of fees required. [Advance fees to be credited to the Highway District's general fund. If advance payment exceeds the fees charged, the difference shall be returned to the requester.]	Requestor Contacted: Date:_____ Initial:_____ Notification by: ☐ Mail ☐ Phone ☐ E-mail ☐ Fax

STEP NO. 3A: COMPLETED BY CUSTODIAN OF THE HIGHWAY DISTRICT RECORDS WHEN REQUEST GRANTED.

NOTE: Custodian of the Records Completes Request, As Appropriate.
(Granted-A- or Denied-B)

☐ **Request Granted**		
Initial:	Date:	Request Completed By: _____ Completion Date: _____
Initial:	Date:	Requestor Contacted: _____ Notification by: ☐ Mail ☐ Phone ☐ E-mail ☐ Fax
Initial:	Date:	Date Request Obtained: _____

Complete Statement of Fees (When Charged):

# pages copied: _____	x .10 cents per page =	$
# hours worked: _____	x $15 if request exceeds one-hundred (100) pages or two (2) person hours =	$
# records certified: _____	x $1 per record =	$
Attorney hours: _____ [if redaction is required]	x $150 per hour =	$
	Total Cost	$

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

FORM 6.6.6.4