



P.O. Box 725
 Donnelly, ID 83615
 Phone (208) 325-8859
 Fax (208) 325-4091
 Email: chedges@cityofdonnelly.org

<u>For Official Use Only</u>	
Date: _____	Request # _____
Received by: _____	
Title: _____	
Date Completed: _____	
<input type="checkbox"/> Examined <input type="checkbox"/> Picked Up <input type="checkbox"/> E-Mailed To _____	
Requestors Signature _____	
Time _____	Date _____

REQUEST FOR PUBLIC RECORDS

Public records are accessible at all times during regular business hours and may be examined at no charge. Copies may be provided in most instances upon request. If more than three (3) working days are needed to locate or retrieve the records, you will be notified, and the information will be provided within ten (10) working days of your request. All document duplication fees are due and payable in full and are based on the City's current fee resolution.

Date of Request: _____ / _____ / _____

Name: _____

Mailing Address: _____

Street # _____ City _____ State _____ Zip _____

Phone: _____ Email address: _____

Pursuant to Idaho Code § 74-102, I hereby request:

- To examine the records listed below.
- To receive a copy of the records listed below in () Electronic format or () Printed format.

Records requested (including date/date range, if applicable): _____

(If more space is needed, attach additional pages)

I acknowledge by my signature that the records sought by this request will not be used for a mailing list or telephone number list as set forth in Idaho Code § 74-120.

Signature _____

CITY OF DONNELLY RESPONSE TO RECORDS REQUEST

- Request Granted:** The requested record is attached.

- Response Delayed:** Additional time is necessary to process the records request. You should receive your records no later than ten (10) working days following the date of your request.

- Advance Payment Required:** \$_____ (see cost breakdown below)
 Advance payment of the cost associated with responding to your request is required. Please contact the City Clerk to discuss the amount and manner of the advance payment.

- Unable to Respond for One or More of the Following Reasons**
 - Record not known to exist
 - City of Donnelly is not the custodian of the request record

- Notice of Denial:** The requested record is exempt for disclosure pursuant to Idaho Code § 74-_____(104-111).

- Notice of Partial Denial:** Your request has been partially denied. Certain information has been determined to be exempt from disclosure pursuant to Idaho Code § 74-_____(104-111), and has therefore been redacted from the requested record. A copy of the requested record with the exempt information redacted is attached.

If your request has been denied or partially denied, an attorney for the City of Donnelly has reviewed the request for examination or copying of a record and has chosen not to do so. If you wish to appeal the denial or partial denial of your request for public records you may do so pursuant to the provisions of Idaho Code § 74-115, which requires that a petition be filed in the District Court within 180 days from the date of the mailing of the notice of denial or partial denial.

For Office Use Only

Copies _____ - 100* x \$0.25	=	\$ _____
Other _____ (type)		
Copies _____ x \$ _____	=	\$ _____
Staff Time _____ - 2 hours* x \$ _____	=	\$ _____
Attorney Time _____ x \$ _____	=	\$ _____
Total Due		\$ _____

*Per Idaho Code § 74-102-10 (a)



PO Box 725
Donnelly, ID 83615
Phone (208) 325-8859
Fax (208) 325-4091
Email: chedges@cityofdonnelly.org

State of Idaho)
 :SS
County of Valley)

I, _____, Donnelly City Clerk, as the official record keeper for the City of Donnelly, do hereby certify, as allowed under Idaho Code 74-102(3), that the attached document is a true and correct copy of the original record on file with the City of Donnelly.

SEAL

Signature: _____
 City Clerk

Dated: _____