

CITY OF FRUITLAND

200 S. Whitley Drive
Fruitland, ID 83619
Phone: 208-452-4421
spearcy@fruitland.org



PUBLIC RECORDS REQUEST FORM

(Pursuant to Idaho Code § 74-101 through § 74-127)

Name of Requestor: _____

Phone: _____

Email: _____

Mailing Address: _____

Idaho Resident

Non-Idaho Resident

Record(s) Requested: *Please describe the record(s) you are requesting in as much detail as possible (subject, dates, departments involved, etc.).* _____

I request (select one):

- I am requesting **copies** of the records. *(fees may apply)*
- I wish to **review/inspect** the records in person.

Delivery Method: *(subject to availability)*

- Email (PDF/scanned copies)
- Printed copies *(fees may apply)*
- USB or other digital media *(fees may apply)*

FEES:

The City may charge fees consistent with Idaho Code § 74-102 to cover the actual costs of copying and/or staff time required to locate, review, redact, and produce records.

- **For Idaho Residents:** Black & White Copies: \$.05 per page, Color Copies: \$.15 per page. The first two (2) hours of labor and the first one hundred (100) pages of standard copies will be provided at no charge.
- **For Non-Idaho Residents:** Black & White Copies: \$.05 per page, Color Copies: \$.15 per page. Labor will be charged at the hourly rate of the lowest paid qualified city employee capable of fulfilling the requests, billed in quarter hour increments.
- In some cases, requests requiring complex legal review may include the actual cost of legal counsel as part of the labor cost.
- Payment may be required before records are released.
- They city may charge actual costs for postage, shipping, media, and third-party services.

I agree to pay any applicable costs up to \$_____ without prior notice.

Please notify me if costs will exceed \$_____.

I certify that I will **not use** any record obtained from this request for a mailing or telephone list, or for any commercial solicitation.

Signature: _____ **Date:** _____

Office Use Only:

Date Request Received: _____ Received By: _____

Response Due: _____ *(3 business days unless otherwise extended as allowed by Idaho Code)*

Date Completed: _____ Fees Charged: _____

Notes/Exemptions Applied: _____