



City of Newdale
PO Box 70
Newdale, ID 83436
208-458-4068

CITY OF NEWDALE PUBLIC RECORDS INFORMATION REQUEST

Name: _____

Address: _____

Telephone: _____ Fax Number(optional): _____

E-Mail address: _____

Date of request: _____

INFORMATION REQUESTED (PLEASE BE SPECIFIC):

I hereby request, pursuant to Idaho Code 74-102, to examine and/or copy the following public records:

- These records specifically pertain to myself.
- I wish merely to examine these records.
- I wish copies of these records be made.

Under penalty of perjury, I hereby certify that I will not be using, nor will I allow to be used in any manner or form, the records, documents, or lists (hereinafter "Data") obtained from the City of St. Anthony as a mailing or telephone number list for any purpose, including soliciting, market research, etc., in accordance with Idaho Code 74-120.

SIGNATURE

City employee processing request: _____

Date completed: _____

RESPONSE TO REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

DATE: _____

NAME OF REQUESTOR: _____

DATE OF REQUEST: _____

1. [] Your request has been approved. See attached documents or please contact the undersigned to arrange a time to examine the records. *(This may be a partial approval. See items 2 or 3 regarding records not located or deemed exempt.)*

_____ Copies provided

2. [] It has been determined that additional time is required to locate or retrieve the records you have requested. Said records shall be available on _____, or further information will be provided regarding your request. *(No longer than 10 days from request.)*

3. [] Your request has been denied as the following records are exempt from public disclosure for the stated reason.

Idaho Code Section

_____	_____
_____	_____
_____	_____

NOTICE: PURSUANT TO IDAHO CODE 74-115(1), YOU HAVE 180 DAYS TO APPEAL THIS DECISION BY FILING A PETITION IN THE DISTRICT COURT OF THE COUNTY WHERE ALL OR PART OF THE RECORDS ARE LOCATED

Records Custodian
Telephone # _____
City of Newdale