

REQUEST FOR PUBLIC RECORDS

Date of Request: _____

Name (Please Print): _____

Mailing Address: _____

Daytime Phone Number: _____

Fees for filling public records requests shall be assessed as follow:

- No charge for the first 100 standard-size pages.
- 10¢ per page over 100 standard-size pages.
- Actual cost to copy oversize documents.
- No charge for first 2 hours of labor required to retrieve documents.
- \$16.00 per hour for staff labor in excess of 2 hours required to comply with each public records request, including the time necessary to redact non-public information.

I request to examine]

I request a copy of] the following records:

Received By: _____

Date Received: _____

Public Agency Independent School District No. 1, Lewiston, Idaho

Initial if Applicable

More than three working days are needed to locate or retrieve the requested records. A response shall be provided within ten(10) working days of the request.

Payment received for _____ copies:

Amount Received

Receipt Number