CITY OF STANLEY

Public Record Request

Date: _____

I hereby request, pursuant to Idaho Code §74-102, to examine and/or copy the following public records. This request must specifically describe the subject matter of the records and a specific date range of the records sought.

_____

_____

_____

_____

_____

_____

- ☐ These records specifically pertain to me.
- ☐ I wish to merely examine these records.
- ☐ I wish to obtain digital copies of these records via email.
- ☐ I wish to obtain paper copies of these records.

Print Name: _____ Phone: _____

Email: _____

Mailing Address: _____

_____

_____

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

Signature: _____ Date: _____

CITY OF STANLEY

FOR OFFICAL USE ONLY
Records Request Response

Date: _____

☐ Your request has been fully approved.
☐ Your request has been partially approved.
  ☐ See attached documents.
  ☐ Contact the City Clerk to arrange a time to examine the records.

☐ 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 business days from the request.)*

☐ Your request has been denied as the following records are exempt from public disclosure for the stated reason below.

_____ _____
Idaho Code Section

☐ The attorney for the entity has reviewed your request and this response.

Total cost: $_____

_____ _____
Signature Title

Notes: _____
_____
_____

Notice:

- The records sought by this request are prohibited from being used for a mailing or telephone list as set forth in Idaho Code §74-120.
- Pursuant to Idaho Code §74-115 you have 180 days to appeal this decision by filing a petition in state district court in the county where all or part of the records are located.