



Canyon County Development Services Department
PUBLIC RECORDS REQUEST FORM

111 North 11th Avenue, #140., Caldwell, ID 83605

Phone: (208) 454-7458 / Fax: (208) 454-6633

Email: dsdinfo@canyonco.org

Requestor Information

Requestor's Name:		Date:	
Requestor's identification provided (please check if any): <input type="checkbox"/> Driver's license <input type="checkbox"/> State identification card <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____ <i>(Note: Identification is not required. However, providing identification may allow you to receive more information. If you choose to provide identification over the Internet or by fax, please attach a notarized statement indicating that you are the person depicted in the identification.)</i>		Preferred Method of Delivery (please check): <input type="checkbox"/> E-mail <input type="checkbox"/> U.S. mail <input type="checkbox"/> Fax <input type="checkbox"/> In-Person Pick-Up <input type="checkbox"/> Other: _____ <i>(Note: We cannot always guarantee a certain method of delivery, depending on quantity and type of records requested. Please refer to fee schedule below. E-mail is generally the quickest and most cost-effective method.)</i>	
Street:			
City:		State:	Zip:
Date of Birth:		Driver License Number:	
E-Mail:			
Phone Number:		Fax Number:	

Information Requested

Description of Requested Information: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Requestor's Signature: I hereby certify that I have read and understood the Notice for Public Records requests.

FOR INTERNAL USE ONLY

Reception <input type="checkbox"/> Copied identification <input type="checkbox"/> Checked for email address <input type="checkbox"/> Checked for signature	Labor Fees: _____ x \$ _____ = _____ # hrs rate Labor fee (no labor fee for first two (2) hours)	Copy Fees: _____ x _____ = _____ \$ _____ Copy fee # pages > 100	Total Fees: _____ Total fee (Labor Fees) + (Copy Fees) + (Disc Fees) = (Total Fees)
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NOTICE FOR PUBLIC RECORDS REQUESTS

1. **Labor and Copying Fees:** Please note that pursuant to Idaho Code § 9-338(10), we will require payment upfront for public records requests to recover actual labor and copying costs if (a) the request is for more than one hundred (100) pages of paper records; or (b) the actual labor associated with responding to requests for public record in compliance with the Public Records Act exceeds two (2) person hours. Labor costs may be between \$15 and \$20 per hour, depending on the nature of the request and required redactions.
2. **Request Submittal:** Please submit your request by fax, mail, email (dsdinfo@canyonco.org), or delivery in-person.
3. **Form Completion:** Please complete the entire form. Failure to complete the form may lead to our inability to provide the information you are entitled to.
4. **Phone Number:** If you request pick-up as your delivery option, please leave a local number. We will not call you long distance.
5. **Identification:** Please note that identification is not required. However, providing identification may allow you to receive more information.
6. **Response Time:** A written response to your public records request will be provided within three (3) *working* days of the day your request was received. If it is determined that a longer period of time is needed to locate, retrieve, or prepare the public records, you will be notified in writing that the requested records will be provided no later than ten (10) working days from the day your request was received.