**RECORD REQUEST FORM**

*To Be Completed By Requester:*

Requester’s Name Date of Request

Requester’s Mailing Address City, State, Zip Code

Requester’s Telephone Number Requester’s Email Address

Record(s) Requested:

*To Be Completed By District Personnel:*

Date Request Received in District Office:

* 10-Day Extension Requested. Document(s)/Item(s) Due:
* Record Requested Granted. Date Mailed to Requester:
* Record Request Partially Denied. Date Letter Mailed to Requester:
* Record Request Denied. Date Letter Mailed to Patron:

District Personnel Comments/Notes:

Itemized Statement of Fees:

Per page cost for copies $\_\_\_\_\_\_\_\_

Hourly rate of employees $\_\_\_\_\_\_\_\_\_

Hourly rate of attorneys $\_\_\_\_\_\_\_\_\_

Actual time spent responding to request: \_\_\_\_\_\_\_\_

Estimated Fees $\_\_\_\_\_\_\_\_\_\_ Collected Fees $\_\_\_\_\_\_\_\_\_\_ Returned Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cross Reference: 6000 Records Available to Public

Legal Reference: Title 9, Chapter 3 Public Records

I.C. 9-339 Response to Request for Examination of Public Records