

CITY OF FRUITLAND

200 S. Whitley Drive
Fruitland, ID 83619
Phone: 208-452-4421
www.fruitland.org
spearcy@fruitland.org



PUBLIC RECORDS REQUEST FORM

(Pursuant to Idaho Code § 74-101 through § 74-127)

Name of Requestor: _____

Phone: _____

Email: _____

Mailing Address: _____

City, State, ZIP: _____

Record(s) Requested: *Please describe the record(s) you are requesting in as much detail as possible (subject, dates, departments involved, etc.).*

I request (select one):

- I am requesting **copies** of the records.
- I wish to **review/inspect** the records in person.

Please select how you would like to receive the records *(subject to availability):*

- Email (PDF/scanned copies)
- Printed copies *(fees may apply)*
- USB or other digital media *(fees may apply)*

The City may charge fees consistent with **Idaho Code § 74-102(10)** to cover the actual costs of copying and/or staff time required to locate and review records.

- You will be notified in advance if estimated costs exceed **\$100.00**.
- Payment may be required before records are released.
- The first **two hours of labor** and/or **100 pages of copies** may be provided at no charge, at the City's discretion.

I agree to pay any applicable costs up to \$ _____ without prior notice.

Please notify me if costs will exceed \$ _____.

Under Idaho Code § 74-120: "No list of persons prepared from public records may be used as a mailing list or telephone list to solicit business or commercial purposes."

I certify that I will **not use** any record obtained from this request for a mailing or telephone list, or for any commercial solicitation.

Signature: _____ **Date:** _____

Office Use Only:

Date Request Received: _____ Received By: _____

Response Due: _____ (3 business days unless extended)

Date Completed: _____ Fees Charged _____

Notes/Exemptions Applied: _____