

Twin Falls Highway District – Public Records Request Form

Idaho Code 74-102 provides the public the opportunity the right to examine or copy public records. In accordance with Idaho Code 74-102; and, in order to best serve the public and expeditiously process your request for public records, all requests to examine or copy public records **MUST BE MADE IN WRITING** with signature. Please complete this form. All copies made are subject to a copying fee that may be required prior to receipt of record(s) requested. We will respond to this request within three (3) business days. If it is determined that additional time is required to locate or retrieve the records you have requested. Further information will be provided regarding your request no longer than 10 days from request. The business days and hours of operation for the Twin Falls Highway District are Monday – Thursday, 7 a.m. – 5:00 p.m., Mountain Time. We are closed on Fridays and recognized holidays. All requests received after normal business hours (excluding holidays), shall be deemed as received the next business day.

Note: Records released pursuant to this request are not warranted as to completeness or accuracy. The information provided represents the disclosable information available under Idaho Code Title 74.

PLEASE TYPE OR PRINT LEGIBLY

Date of Request:	
Requester Name:	
Address:	
City, State & Zip:	
Phone Number:	Fax Number:

Signature: _____

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.

Public Records Request (*please be specific – i.e.: document title, dates, etc.*):

NOTICE: 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.

Staff Use Only

Management Review: _____

(Name Printed)

Signature: _____ Date: _____

Request Completed By:		
Completion Date:		
Requester Contacted:		
Notification By:		
Mail / Phone:		
Request Picked Up By:		
	Name Printed	Signature of Recipient
Date Request Picked Up:		
Labor Fees: Pursuant to I.C. §74-102(10)(a)(b)		
Copying Fees: Pursuant to I.C. §74-102 (10)(a)(b)		
Charges: \$0.15/ per copy x _____ copies		
Total Cost = \$		

Revised 6/9/2020