

**PUBLIC RECORDS REQUEST**

**City Of Homedale**  
PO Box 757  
Homedale, ID 83628  
(208) 337-4641  
(208) 337-5904 FAX

(for office use only)

Public records are available for inspection at all times during normal business hours and are available for inspection at no charge. Some records are not available for review because they are confidential pursuant to the Public Records Act or other statute. It may be necessary for a member of the City Clerk's staff to schedule an appointment with you to visit City Hall to inspect files or documents that are currently active and/or large. Pursuant to the Public Records Act, the records will be available for inspection (or duplications will be available for retrieval) within three (3) working days OR you will be notified in writing if additional time is needed to gather the requested records.

- I wish to INSPECT records specified in this request.
- I wish to RECEIVE COPIES of records specified in this request without prior inspection.
- I wish to receive an electronic (e-mail) copy of the specified records.

Please type or print legibly.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please specify exactly what record(s) or document(s) you are requesting. Unclear requests may result in delay, error or the necessity for you to resubmit the request. You may attach additional pages or an itemized list.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(additional space is available on the reverse)  
(SIGNATURE REQUIRED ON PAGE TWO (2))



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## RESPONSE TO REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

DATE: \_\_\_\_\_

NAME OF REQUESTOR: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

1.  Your request has been approved. See attached documents or please contact the undersigned to arrange a time to examine the records. (This may be a partial approval. See items 2 or 3 regarding records not located or deemed exempt.)

\_\_\_\_\_ Copies provided/emails

2.  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 days from request.)

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

Idaho Code Section

_____	_____
_____	_____
_____	_____

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

**NOTICE: PURSUANT TO IDAHO CODE § 9-343 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.**

Custodian Dept. _____ Telephone # _____ County _____
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