EAST SIDE FIRE PROTECTION DISTRICT

Request for Public Record

Full Name: _____
Last First M.I.

Address: _____
Street Apartment

_____
City State Zip Code

Phone: _____ E-mail Address: _____

Business Name: _____

Date Requested: _____

DOCUMENT(S) REQUESTED

_____

_____

INCIDENT RECORDS REQUESTED

Incident Number/Date: _____ Type of Call: _____

Incident Location: _____ Incident City: _____

Person(s) Involved: _____ Minors? _____

Records Requested: _____ Medical Release ? _____

CERTIFICATION

I hereby request, pursuant to Idaho Code 9-338, to examine and/or copy the above records. Under penalty of perjury, I hereby certify that I will not be using, nor will I allow to be used in any form or manner, the records, documents, or lists obtained from East Side Fire Protection District as a mailing or telephone number list for any purpose, including soliciting, market research, etc., in accordance with Idaho Code 9-348.

Signature: _____ Date: _____

Office Use Only See Back Side For Details

The above requested information was provided via _____

Date Completed: _____ By: _____

20436 S. Hwy 97
Harrison, ID 83833
208-769-4269
admin@eastsidefire.com

_____ 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.)

_____ 2. It has been determined that additional time is required to locate or retrieve the records you have requested. Said records may be available on _____ or further information will be provided regarding your request. (no longer than 10 days from request) Prepayment of search and copying costs may be required.

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

	Idaho Code Section
_____	_____
_____	_____

4. The attorney for East Side Fire Protection District has reviewed your request and this response.

NOTICE: Pursuant to Idaho Code 9-343, you have 180 days from date of this response to appeal this decision by filing a petition in State District Court of the County where all or part of the records are located

_____
Records Custodian