TETON COUNTY FIRE PROTECTION DISTRICT
PUBLIC RECORDS REQUEST FORM

PO Box 474, Driggs, ID 83422

STEP NO. 1 REQUESTER COMPLETES THIS PAGE AND FILES REQUEST:

Idaho Code §§ 74-101 through 74-126 (Idaho Public Records Act) provide the procedures for examining and copying public records. All requests MUST BE MADE IN WRITING and clearly state that they are public records requests. Fees may apply and may be required before records are released. Requests received after normal business hours, or on a weekend or holiday, are deemed received the next business day.

PLEASE TYPE OR PRINT LEGIBLY

Name of Requester: _____ Date of Request: _____

Company (if applicable): _____

Mailing Address: _____

City, State, ZIP: _____

Phone: _____ E-mail: _____

Residency (affects fees and response times) (**CHECK ONE**):

☐ I am an Idaho resident ☐ I am not an Idaho resident

I Request to Receive the Response to My Public Records Request in the Following Format:

(**CHECK ONE**) ☐ E-mail ☐ Mail ☐ Pick up ☐ Inspect in person

Description of the Public Records Requested *(include incident numbers, dates, addresses or names if known):*

Patient and medical information in EMS records is protected by state and federal law (including HIPAA) and is not released through this form.

NOTICE TO REQUESTER - Exemptions from Fees (Idaho residents)

Under Idaho Code § 74-102(10)(f), no fee for labor or copying shall be charged if the requester demonstrates that the examination and/or copying of public records:

- Is likely to contribute significantly to the public's understanding of the operations or activities of the government; and
- Is not primarily in the individual interest of the requester, including but not limited to the requester's interest in litigation in which the requester is or may become a party; and
- Would not otherwise occur because the requester has insufficient financial resources to pay such fees.

☐ I am not claiming an exemption.

☐ I am claiming an exemption based upon the following:
[Set out your factual basis, addressing all three requirements above, and attach to this request.]

CERTIFICATION

☐ I certify that the records I receive will not be used as a mailing list or telephone number list, as prohibited by Idaho Code § 74-120, and that the residency information above is true.

Signed: _____ Date: _____
Requester

TETON COUNTY FIRE PROTECTION DISTRICT
PUBLIC RECORDS REQUEST - DISTRICT RESPONSE

STEP NO. 2 DISTRICT COMPLETES THIS PAGE AND RETURNS A COPY TO REQUESTER:

Date/Time Received: _____ Received By: _____

Request No.: _____ Requester: ☐ Resident ☐ Nonresident

Response Times (Idaho Code § 74-103):
Idaho residents: the District will grant or deny the request within 3 working days, extended to 10 working days with written notice. Nonresidents: 21 working days, extended to 35 working days with written notice.

STATUS OF REQUEST

☐ Granted in full. Records are attached or available as requested.

☐ Additional time is needed to locate or retrieve the records. Records will be provided by:

_____ *(no later than 10 working days for residents, 35 for nonresidents)*

☐ Payment of the fees below is required before records are released.

☐ Partially denied ☐ Denied ☐ No responsive records exist

Legal basis for any denial or redaction (Idaho Code section):

If denied in whole or in part: the District's attorney has reviewed this request or had the opportunity to review it. You may appeal a denial or partial denial by filing a petition in the district court of Teton County within 180 days of the date of this notice (Idaho Code § 74-115).

FEES (Idaho Code § 74-102(10)-(12))
Idaho residents: no charge for the first 2 hours of labor or the first 100 pages of paper copies. Nonresidents may be charged from the start (§ 74-102(10)(g)). Labor is billed at the hourly rate of the lowest-paid staff member qualified to process the request; fees will not exceed actual cost. Any advance payment above actual cost will be refunded.

Labor:	Hours: _____	Rate per hour: _____	= $ _____
Copies:	Pages: _____	Cost per page: _____	= $ _____
Media / postage:	Description: _____	Actual cost: _____	= $ _____

TOTAL DUE: $ _____

Make checks payable to Teton County Fire Protection District and mail to PO Box 474, Driggs, ID 83422.

Payment Received (date/amount): _____ Records Provided: _____

Custodian: _____ Date: _____