

REQUEST TO EXAMINE OR COPY PUBLIC RECORDS

Date of Request: _____

Name of person requesting record: _____

Mailing Address: _____

Phone Number: _____

Responding Agency: **Boundary County Planning & Zoning**

6452 Kootenai Street

PO Box 419

Bonnars Ferry, ID 83805

planning@boundarycountyid.org

208 267-7212 208 267-7814 (Fax)

Records Requested: _____

I agree that any records obtained pursuant to this request will not be used as a mailing list or telephone number list prohibited by *Idaho Code Section 9-348* or as otherwise required or prohibited by law.

Signature of Requestor

Request Approved: [] Denied: [] By: _____

_____ Date

If Denied, submitted to Agency Attorney for review

Note: Response to your request will be mailed within three (3) working days. If your request is approved, the information may be included. If your request is denied, you will be advised of the reason and you may petition the Court within the time frame allowed in *Idaho Code Section 9-343*. If for some reason more time is required to locate the requested information and make a decision as to access, we will notify you in writing and we then have ten days from the date of the request to approve or deny. (*Idaho Code Section 9-339*)