

**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 records. *(This may be a partial approval. See items 2 o 3 regarding records not located or deemed exempt.)*

\_\_\_\_\_ Copies provided

\$\_\_\_\_\_ Total cost

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: Assessor's Office County: Minidoka  
Telephone 208-436-7181