

PUBLIC RECORDS REQUEST FORM

Use this form to request public records. Be sure to clearly print your name, address, and telephone number so we may respond to this request.

1. Your Name: _____
2. Business Name: _____
3. Mailing Address: _____ Zip Code _____
4. Contact Phone: _____ - _____ - _____

Describe the record(s) you are requesting fully, using relevant dates, location, names, etc., to assist us in responding. You may also attach your request to this form.

5. Records Requested: _____

6. I Request to:

☐ Examine ☐ Receive Copies

The Record Custodian will send a response to the name and physical address given or electronically if other arrangements have been made.

Copies are subject to a copying cost of \$0.05 per page after the first 100 pages. The fee may be required prior to receipt of record(s). Requests requiring more than 2 hours of labor to produce will incur an additional labor charge. See Idaho Code § 74-102.

We will generally respond to this request within three (3) business days. Business hours are Monday – Friday 8:00 a.m. to 5:00 p.m. Requests received after business hours or on a holiday shall be deemed received the next business day.

Please mail this form to the address below or fax it to 208-334-4060.

Idaho Board of Tax Appeals
1673 W. Shoreline Drive, Suite 120
Boise, ID 83702

Signature

Date Signed

Date Record Provided
(BTA-use only)