

Public Records Request

Use this form for a public records request. Be sure to 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: _____ - _____ - _____

Please describe the record(s) you are requesting fully, using relevant dates, location, names, etcetera, 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 \$.05 per page after the first 100 pages. The fee may be required prior to receipt of record(s). If the request requires more than 2 hours of labor to produce and review records, the request will incur an additional fee at the average hourly rate of the employees producing the records.

We will generally respond to this request within 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 the 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