

REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

Date:	
Name of Person Submitting Request:	
Business Name, Affiliation, or Representation:	
Telephone (including area code):	Fax (including area code):
E-mail:	
Complete Mailing Address:	
Description of public records requested for disclosure:	
Signature of Requestor:	
<input type="checkbox"/> I agree to reimburse the Community Planning Association of Southwest Idaho (COMPASS) according to the established fee schedule (see attached).	
<input type="checkbox"/> I request a fee waiver because I represent a COMPASS member agency.	
<input type="checkbox"/> I request a fee waiver because* (please state reason for request):	
Send completed form to:	
Megan Larsen Director of Operations Community Planning Association of Southwest Idaho 700 NE 2nd Street, Ste 200 Meridian, Idaho 83642 P 208-475-2228 F 208-855-2559 Email <a href="mailto:mlarsen@compassidaho.org">mlarsen@compassidaho.org</a>	

**Idaho State Code exempts certain documents from public disclosure.**

**If the public records you are seeking to examine or copy are exempt from disclosure you will be notified.**

*Idaho state law prohibits use of disclosed information as a mailing list. Violations are subject to civil penalties of up to \$1000 (I.C. 9-348).*

\*If you are unsure if you are eligible for a fee waiver, call 208-475-2228 for assistance.

## Public Record Request Fee Schedule

<b>Type of Work</b>	<b>Charge</b>
Photocopying 50 pages or less on standard 8 ½" x 11" paper	No charge
Photocopying more than 50 pages on standard 8 ½" x 11" paper	Actual copying cost of \$.05 per page for black/white and \$.10 per page for color
Photocopying on sheets other than standard 8 ½" x 11" paper (e.g. blueprints, maps)	Actual copying cost
When actual labor associated with fulfilling the request exceeds two (2) hours	Actual labor cost
When COMPASS has an out-of-pocket cost	Actual out-of-pocket cost