



Southeastern Idaho Public Health

SEPTIC RECORDS REQUEST

Date of Request: _____

Printed Name of Requester: _____

Telephone Number: _____ Email address: _____

Property Information:

Street Address: _____

Legal Description: *Township:* _____ *Range:* _____ *Section:* _____

Name of Subdivision: _____ *Lot #:* _____ *Block #:* _____

Year home built: _____

Year repairs made to septic system: _____

Name(s) of previous owners: _____

By signature below, requester acknowledges the following:

- Per Idaho Code 9-348, the requested information will not be used for purposes of a mailing or telephone list, or as otherwise prohibited by law
- A fee of five cents (\$.05) per copy page shall be charged, generally prepaid, before copies are made
- Per Idaho Code 9-338, actual labor costs associated with locating and copying documents shall be charged if:
 1. the request is for more than one hundred (100) pages of paper records; or
 2. the request includes records from which nonpublic information must be deleted; or
 3. the actual labor associated with locating and copying records exceeds two (2) person hours.
- Prepayment of estimated costs will be required
- Requester may be charged for mailing costs

Please ensure to review your email inbox for any correspondence originating from individuals with an email address ending in "@siph.id.gov".

Signature: _____

This Section for Office Use Only			
Request Taken By: _____	Approved By: _____		
Records Mailed By: _____	Date: _____		
Number Copies: _____	Estimated Time: _____	per Hour Cost: _____	
Copy/labor charges: _____	Mailing cost: _____	Total Fees: _____	

Per I.C. §9-339, a public agency shall either grant or deny a person's request to examine or copy public records within three (3) working days of the date of receipt of the request.

 No records were found in our files regarding the requested information

Completed records requests can be sent to recordsrequest@siph.idaho.gov.