



# Southeastern Idaho Public Health

## REQUEST FOR PUBLIC RECORDS

For medical records, please use our [Personal Records Request form](#).

Date of Request: \_\_\_\_\_

Printed Name of Requester: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_ I request to examine the following records \_\_\_ I request a copy of the following records

(Be specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If records are to be mailed, please complete the following:

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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](mailto:recordsrequest@siph.idaho.gov).