

## **SEPTIC RECORDS REQUEST**

Date of Request:			
Printed Name of Requester:			
Telephone Number:	Email address: _		
Property Information:			
Street Address:			
Legal Description: <i>Township:</i>	Range:	Section	:
Name of Subdivision:		Lot #:	Block #:
Year home built:			
Year repairs made to septic system:			
Name(s) of previous owners:			
If records are to be mailed, please comp	olete the following:		
Street address:			
City, State, Zip:			
By signature below, requester acknowle	edges the following:		
<ul> <li>Per Idaho Code 9-348, the requested in or as otherwise prohibited by law</li> <li>A fee of five cents (\$.05) per copy page</li> <li>Per Idaho Code 9-338, actual labor cos if: <ol> <li>the request is for more than or</li> <li>the request includes records fr</li> <li>the actual labor associated wit</li> </ol> </li> <li>Prepayment of estimated costs will be r</li> <li>Requester may be charged for mailing of Signature:</li> </ul>	e shall be charged, general ts associated with locating the hundred (100) pages of from which nonpublic inform the locating and copying rec- required costs	ly prepaid, before c and copying docur paper records; or nation must be dele	opies are made nents shall be charged ted; or
	ection for Office Use Onl		
Request Taken By:			
Records Mailed By:			
Number Copies: Estimated	d Time:	per Hour Cost: _	
Copy/labor charges: Mailin	ng 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