



KOOTENAI COUNTY FIRE & RESCUE
Request for Public Record



Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Telephone: () _____ FAX: () _____

E-mail Address: _____

Business Name: _____

Date Requested: _____

Incident Number: _____

RECORDS REQUESTED

Incident Date: _____ Type of Call: _____

Incident Address: _____ Incident City: _____

Person(s) Involved: _____ Minors? _____

Records Requested: _____ Med. _____
 _____ Release? _____

CERTIFICATION

I hereby request, pursuant to Idaho Code 9-338, to examine and/or copy the above records. Under penalty of perjury, I hereby certify that I will not be using, nor will I allow to be used in any form or manner, the records, documents, or lists obtained from Kootenai County Fire & Rescue as a mailing or telephone number list for any purpose, including soliciting, market research, etc., in accordance with Idaho Code 9-348.

Signature: _____ Date: _____

Office Use Only

The above requested information was provided via _____.

Date completed: _____ By: _____



KOOTENAI COUNTY FIRE & RESCUE

Response to Request for Public Record

PERSON REQUESTING

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Telephone: () _____ FAX: () _____

E-mail Address: _____

Business Name: _____

Date Requested: _____

Date of Response: _____

- _____ 1. Your request has been approved. See attached documents or please contact the undersigned to arrange a time to examine the records. *(This may be a partial approval. See Items 2 or 3 regarding records not located or deemed exempt)*
- _____ 2. It has been determined that additional time is required to locate or retrieve the records you have requested. Said records may be available on _____ or further information will be provided regarding your request. *(no longer than 10 days from request)* Prepayment of search and copying costs may be required.
- _____ 3. Your request has been denied as the following records are exempt from public disclosure for the stated reason below.
- Idaho Code Section
- _____
- _____
- _____ 4. We were not able to locate any records for this request.

NOTICE: Pursuant to Idaho Code 9-343, you have 180 days from date of this response to appeal this decision by filing a petition in State District Court in the County where all or part of the records are located.

Records Custodian