



PR _____ - _____
Year Doc #

Date: _____

CITY OF KUNA PUBLIC RECORDS REQUEST FORM

Idaho Code §74-102 provides the procedures for reviewing and/or copying public documents. All requests to examine or copy public records **MUST BE MADE IN WRITING**. Please complete this form. All copies made are subject to a copying cost that may be required prior to receipt of records. All requests received after normal business hours (excluding holidays) shall be deemed received the next business day.

I Request to Receive the Response to My Public Records Request in the Following Format(s):

- Email
- Examine These Records Only
- Physical Copy By Mail
- Physical Copy By Pick Up

Description of the Public Records Requested:

NOTICE TO REQUESTER

Estimate of Fees: Idaho Code Sections §74-102 (10) – (12) provide: In the event the requester is a resident of the State of Idaho and the Clerk determines that completing this request is likely to involve the production of more than 100 copies, or involve more than 2 hours of staff time, and/or will involve legal advice for review and redaction, the Clerk will estimate those fees and provide written notice to the Requester requiring advance payment of those estimated fees. If the estimated fees are then paid, the Clerk will proceed with the Request. Funds received will be credited to the Requester’s account. Any portion of an advance payment of fees by the Requester in excess of the actual costs incurred in responding to the request shall be returned to the requester. Idaho Code Section §74-102(10)(g) allows a public agency to charge non-resident requesters a fee for labor and copying costs without first providing 100 copies or 2 hours of staff time at no fee.

In the event the Clerk provides written notice requiring advance payment of estimated fees this request will not be considered received until advanced payment has been made by the requester.

Exemptions from Fees

No fee for labor or copying shall be charged in the event the requester is a resident and demonstrates that the requester’s examination and/or copying of public records:

- Is likely to contribute significantly to the public’s understanding of the operations or activities of the government;
- Is not primarily in the individual interest of the requester including, but not limited to, the requester’s interest in litigation in which the requester is or may become a party;
- Would not otherwise occur because the requester has insufficient financial resources to pay such fees.

I am not claiming an exemption.

I am claiming an exemption based upon the reasons listed above, and I have attached an explanation demonstrating how each reason applies.

Acknowledgment of Response Times and Guidelines: Idaho Code Sections §74-103(2) provides that the City has three working days to respond to a request from a resident, and twenty-one days to respond to a request from a non-resident. If the City determines a longer period of time is needed to respond to a request, it must notify the requester in writing, and then must produce the response within ten days to a resident requester, or thirty-five days to a non-resident requester.

PLEASE TYPE OR PRINT LEGIBLY:

Name of Requester: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Idaho Code §74-102(5)(B) & §74-120(B) Certification

I certify under penalty of perjury that I will not use nor will I allow to be used in any form or manner the records, documents, lists, or data obtained from the City of Kuna to be used as a mailing or telephone list for any purpose, including soliciting, market research, etc., in accordance with Idaho code §74-102(5)(B) and §74-120(B); and

Idaho Code §74-102(4) Certification

I hereby attest (or affirm) under penalty of perjury that I am a

resident / non-resident

of the State of Idaho.

Signed: _____
Requester

Date: _____

FOR OFFICIAL USE ONLY BELOW THIS LINE

<p><input type="checkbox"/> Response will take up to ten (10) days to locate and retrieve the public records requested for Residents; or, up to thirty-five (35) days for non-residents</p>	<p>Requestor Contacted: Date: _____ Notification by: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____</p>
<p><input type="checkbox"/> Request is broad in scope and/or is likely to include voluminous materials or involve more than two (2) hours of labor; information provided to requester to narrow scope of request.</p>	
<p><input type="checkbox"/> Advance payment of fees required. [Advance fees to be credited to the City's general fund. If advance payment exceeds the fees charged, the difference shall be returned to the requester.]</p>	
<p><input type="checkbox"/> Requester(s) has/have made multiple requests. Notice provided to requester(s) that requests have been aggregated, and appropriate fees will be charged.</p>	
<p><input type="checkbox"/> Request may be denied or subject to redaction and will require review by the City's Attorney.</p>	<p>Requestor Contacted: Date: _____ Initial: _____ Notification by: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Phone Attorney Notified for review: _____ Notification by: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Phone</p>

Complete Statement of Estimated Fees:

* Fees set by City of Kuna Resolution: R74-2023A

# pages copied: _____ # pages copied: _____	If request is more than 100 Sheets: x .05 cents per page (B/W, 8.5" x 11") x .10 cents per page (Color, 8.5" x 11")	\$ _____
# hours worked: _____ *Estimate	x \$23/hour if request exceeds 2 person hours	\$ _____
Attorney hours: _____ [if redaction or review is required]	x \$225 per hour	\$ _____
Total Cost		\$ _____

<input type="checkbox"/> Request Granted
Requestor Contacted: _____ Notification by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Other: _____

<p><input type="checkbox"/> Request Denied in Part and/or Redacted: Statutory Basis for Denial in Part and/or Redaction: _____ _____ _____</p> <p>The City Attorney's Review: You are advised that the City's Attorney has reviewed your request.</p> <p>Notice of Right of Appeal: You are hereby notified that you have a right to appeal this partial denial response by instituting a proceeding in the District Court of the State of Idaho within one-hundred eighty (180) calendar days from the date of mailing of this notice of denial as provided in Idaho Code §74-115.</p>	<p>Requestor Contacted: Date: _____ Initial: _____</p> <p>Notification by: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____</p>
<p><input type="checkbox"/> Request Denied in Total/Full: Statutory Basis for Denial: _____ _____ _____</p> <p>The City Attorney's Review: You are advised that the City's Attorney has reviewed your request.</p> <p>Notice of Right of Appeal: You are hereby notified that you have a right to appeal this denial response by instituting a proceeding in the District Court of the State of Idaho within one-hundred eighty (180) calendar days from the date of mailing of this notice of denial as provided in Idaho Code §74-115</p>	<p>Requestor Contacted: Date: _____ Initial: _____</p> <p>Notification by: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____</p> <p>Attorney Notified for Review: Notification by: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____</p>

Signed: _____
City Clerk or Designee Signature

Date: _____
(month/day/year)