



# PUBLIC INFORMATION REQUEST

ADA COUNTY COMMISSIONERS OFFICE  
 200 W. Front Street, Boise, Idaho 83702  
 Phone: (208) 287-7000 • Fax: (208) 287-7009

Please print or type legibly. Return form to the department listed above for processing.

**Note:** Section 9-348 of the Idaho Code does not permit Ada County to compile a list of persons that could be used as a mailing list.

<b>Name:</b>		<b>Date:</b>	
<b>Address:</b>		<b>Daytime Phone:</b>	<b>Fax Number:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>E-Mail:</b>
<b>Preferred Method of Delivery:</b> E-Mail <input type="checkbox"/> Pick Up In Person <input type="checkbox"/> Fax <input type="checkbox"/> <i>(Please note that e-mail is generally the most cost-effective method for delivering documents. Requests for large amounts of data may require that data be placed on CD or a similar data medium, resulting in fees as outlined below. Delivery by e-mail may eliminate per page copying fees, however, will not eliminate fees charged for staff time if applicable. Fees must be paid in advance, including staff processing time if estimated at greater than two (2) hours.)</i>			
<b>Description of Requested Information</b> (Note: Please <b>be specific</b> , this may help reduce request completion time): <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<b>Requestor's Signature:</b>			

FOR INTERNAL USE ONLY		
<b>Request Receipt &amp; Department Review:</b>  _____ Request Recipient      Date  _____ Reviewer                      Date  _____ Reviewer                      Date  _____ Reviewer                      Date  <i>Note: Some departments may choose to have multiple reviewers.</i>	<b>Request Completion:</b>  _____ Request Completed By  ____/____/____      ____/____/____ Date Completed      Date Requestor Contacted  Notification by: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mail      Phone    E-Mail  ____/____/____ Date Request Picked Up or Sent	<b>Copying &amp; Staff Work Time Fees:</b> Pursuant to I.C. § 9-338(8)(a) & Ada County Resolution #1667  _____ x \$.05 = \$ _____ # Pages Copied      Fee (First 10 pages are free)  _____ x \$1.25 = \$ _____ # CDs/Tapes Copied      Fee  \$ _____/per hour Hourly Rate of Staff Completing Request (First Two (2) Hours are FREE of Charge)  _____ x \$ _____ = \$ _____ # Hours Worked      Rate      Fee  \$ _____ Total Cost
<b>Notes:</b>		