

COLLEGE OF SOUTHERN IDAHO
RESPONSE TO REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

NAME OF REQUESTOR: _____

DATE OF REQUEST: _____

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. Some records may not be located or are deemed exempt.)*
2. It has been determined that additional time is required to locate or retrieve the records you have requested. Said records shall be available on _____, or further information will be provided regarding your request.
(No longer than 10 business days from request.)
3. It has been determined that the actual labor associated with responding to this request for public records in compliance with the Idaho Public Records Act exceeds two (2) person hours or more than 100 pages. An advance payment of fees authorized by the Act is required. Any portion of the advance payment in excess of the actual costs of labor and copying incurred in responding to this request shall be returned to the requester.
Advance Fee Required: \$ _____
4. Your request has been denied in whole or in part as the following records are exempt from public disclosure for the stated reason(s):

Idaho Code Section	Reason
_____	_____
_____	_____
_____	_____

5. The attorney for the entity has reviewed your request and this response.

**NOTICE: PURSUANT TO IDAHO CODE § 9-343 YOU HAVE 180 DAYS TO
APPEAL THIS DECISION BY FILING A PETITION IN STATE DISTRICT COURT
IN THE COUNTY WHERE ALL OR PART OF THE RECORDS ARE LOCATED**

6. Other Notes: _____

DATE _____

STAFF _____