



Lake Pend Oreille School District #84

Administration Office • 901 N. Triangle Drive • Ponderay, Idaho 83852

Phone: 208/263-2184 • Fax: 208/263-5053

Web: www.lposd.org

REQUEST FOR PUBLIC RECORDS

Records Requested:

(Please state your request in detail attaching extra pages to further describe the specifics of your request)

Mailing Address:

Name (Please Print) _____ Date of Request: _____

Address _____ Daytime Phone Number _____

City _____ State _____ Zip _____ Email Address _____

To Be Completed By District Personnel:

Date Received _____ Received by _____

10-Day Extension Requested. Document(s)/Item(s) due: _____

Record Request Granted. Date Sent to Requester: _____

Record Request Partially Denied. Date Letter Sent to Requester: _____

Record Request Denied. Date Letter Sent to Patron: _____

District Personnel Comments/Notes: _____

PLEASE READ THE FOLLOWING: Fees may be assessed for the actual labor cost associated with locating and copying documents if:

1. The request is for more than one hundred (100) pages of paper records; or
2. The request includes records from which nonpublic information must be deleted; or
3. The actual labor associated with locating and copying documents for a request exceeds two (2) person hours.

Fees shall be as follows:
\$.05 each for copies
\$2.00 per audio tape or CD
\$12.80 per hour labor (if applicable)

I HAVE READ AND UNDERSTAND THE CHARGES WHICH MAY BE ASSOCIATED WITH MY REQUEST.

Signature

Per page cost for copies: _____; Actual time spent responding to request: _____

Estimated Fees: _____; Total received: _____ Receipt Number _____

Legal Reference: Title 9, Chapter 3 Public Records
I.C. 9-339 Response to Request for Examination of Public Records