

**City of Preston**  
**Request to Examine/Copy Public Records**

**Idaho Resident:** *The records request will be processed within three (3) business days unless the City provides written notice that more time will be needed to meet the request. The City is allowed up to ten (10) business days when necessary (Idaho Code §9-339).*

**Non-Resident:** *The records request will be processed within twenty-one (21) business days unless the City provides written notice that more time will be needed to meet the request. The City is allowed up to thirty-five (35) business days, when necessary (Idaho Code §74-103)*

**Please Complete The following:**

**Date of Request:**

*Pursuant to Idaho Code §74-102, I request to examine and/or copy the following public records:*

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- ☐ I wish to examine these records.
- ☐ I wish copies of these records

**Print Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

- ☐ I wish to pick up these records when they are ready.
- ☐ I wish to have these records mailed to me when they are ready.
- ☐ I wish to have these records E-mailed to me when they are ready.

☐ *Pursuant to Idaho Code 74-102(4), I confirm by my signature that I am a resident of the State of Idaho, having lived in Idaho continuously for at least 30 days*

**Signature:** \_\_\_\_\_

*I acknowledge by my signature that the records sought by this request will not be used for a mailing list or telephone list as set forth in Idaho Code §74-120. The requester shall be charged the material costs and the reasonable labor costs allowed by Idaho Code §74-102, if the request includes records that must have nonpublic information deleted.*

**For Office Use Only:**

**Date Received:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

Reviewed by City Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF PRESTON  
RESPONSE FOR REQUEST TO EXAMINE/COPY PUBLIC RECORDS**

**Date of Response:** \_\_\_\_\_

**Name of Requestor:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

☐ Your request has been approved, and copies have been provided.

☐ 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.

☐ Your request has been denied, as the records are exempt from public disclosure for this reason.

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☐ Preston City Attorney has reviewed this request and response.

\_\_\_\_\_ Copies have been provided.

\$ \_\_\_\_\_ Cost for providing copies.

Signature: \_\_\_\_\_

Questions regarding this response, please contact:  
Amy Burbank

Preston City Police Department  
Phone 208-852-2433  
E-mail: [amyb@prestonid.us](mailto:amyb@prestonid.us)