

**Eastern Idaho Public Health District
Environmental Health Section**

REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

I, _____, residing at
Name
_____, _____, _____, _____,
Address City State Zip
() - _____, request to view the following documents, and agree to pay
Phone
copy fees determined by the agency as summed below:

DOCUMENTS TO VIEW

SEPTIC SYSTEM INFORMATION

Location of actual system:

Address: _____ City _____
Legal Description: Township _____ Range _____ Section _____
Subdivision Name (if applicable): _____ Div # _____
Lot _____ Block _____ Year Built: _____

Idaho State Code exempts certain documents from public disclosure. If the public records you are seeking to examine or copy are exempt from disclosure, you will be notified.

In most circumstances, your request will be granted or denied within three (3) working days of the date of its receipt. If more time is necessary, the Health District will notify you in writing. If the Health District fails to respond within ten (10) days, your request has been denied.

Signature of Requestor (required)

Date

(below for office use only)

Total # of copies made _____

Total Copy Fee \$ _____

Agency custodian/observer

Date

04/11

1250 Hollipark Drive, Idaho Falls, ID 83401
Phone 208.523.5382 - FAX 208.528.0857