

REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

Requestor Name: _____
Address: _____
Phone: _____

I hereby request to view the following documents and I agree to pay copy fees determined by the agency as summarized below:

DOCUMENTS TO VIEW:

SEPTIC SYSTEM INFORMATION:

Location of actual system:

Address: _____ City: _____ Year Built: _____
Legal Description: Township: _____ Range: _____ Section: _____
Subdivision name (if applicable): _____ Div. #: _____
Lot: _____ Block: _____
Current and Previous Owners: _____

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, Eastern Idaho Public Health will notify you in writing. If Eastern Idaho Public Health fails to respond within ten (10) days, your request has been denied.

Signature of Requestor (required) Date

Email Address

(BELOW FOR EIPH USE ONLY)

Total # of copies made: _____ Total Copy Fee: \$ _____

Public Records provided by EH Staff

Agency custodian/observer Date