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Preston, Idaho 83262  
(208) 852-0175 Fax: (208) 852-7148  
Email: director@larsensantlib.org

**REQUEST FOR PUBLIC RECORDS**

Date of Request: \_\_\_\_\_ Received By:  mail  email  fax  hand delivery

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Pursuant to Idaho Code, Section §74-102, I request:

- to physically examine the following record(s)
- a photocopy of the following record(s)
- an electronic PDF copy of the following record(s)
- a certified copy of the following record(s)
- a duplicate of computer tape, CD or microfilm of the following record(s)

**Description of Record(s) Requested** (Please print or type and attach additional text, as needed.)

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**PLEASE BE ADVISED** that the Larsen-Sant Library has adopted a fee schedule for Public Record Requests. Pursuant to Idaho Code, Section §74-102, you may be assessed fees for (1) copying in excess of 100 pages, (2) Library staff time in excess of two person hours, (3) deletions or redactions requiring attorney advice and (4) cost of duplication or conversion of tape, digital, microfilm, or similarly stored records. The Library will advise you of any anticipated fees. You may be required to pay these fees in advance.

By my signature I hereby acknowledge that the use of these records will comply with Idaho Code Section §74-120.

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

(Idaho Code Section §74-120 provides that no list of persons prepared by the District may be used as a mailing or telephone number list without first securing the permission of those on the list.)