

PUBLIC RECORDS REQUEST CITY OF SUGAR CITY

Ref. No._____

P.O. Box 56, Sugar City, Idaho 83448 Phone: (208) 356-7561

Email: wendy@sugarcityidaho.gov

Name:	Date:	Time:
Mailing Address, City, State, Zip: Phone:		
	Fax:	
Email:	Prefer delivery by: Email Mail Will pick up in person	
All requests for public information must be made in writing. Please indicate Please make your request specific and concise, including department(s request. Please also fill out the email attachment form, as well, if you	s) and document type(s), as this will expedite t	
I am requesting to copy or examine certain records of (the) City of Sugar C identified as follows:	ity	, which may be
I certify that the information reviewed or received will \underline{not} be used as a	a mailing or telephone list as prohibited un	der Idaho Code §74-120.
Signature of Requesting Party:		
Res	<u>oonse</u>	
Request Granted: The requested record is attached.		
Response Delayed		
Additional time is necessary to locate or retrieve the requested rec following the date of your request.	cord. You should receive a response no later th	nan ten (10) working days
The electronic records requested will have to be converted to and following the date of your request to respond. Please contact (the) Cit discuss when you can expect to receive a response.		han ten (10) working days to
Advance Payment Required: Advance payment of the cost associate City of Sugar Cityto di		
☐ Unable to Respond for One or More of the Following Reasons		
☐ The request is ambiguous. Please provide additional information t	o clarify your request.	
☐ The requested records are not known to exist.		
☐ This office or department is not the custodian of the requested rec	ord.	
$\hfill \square$ Notice of Denial: The requested record is exempt from disclosure pure	suant to Idaho Code § 74(104-111).	
Notice of Partial Denial: Your request has been partially denied. Certa pursuant to Idaho Code § 74(104-111), and has therefore been recexempt information redacted is attached.		
If your request has been denied or partially denied, an attorney for the City the opportunity to consult with an attorney regarding the request for exam		
If you wish to appeal the denial or partial denial of your request for public rewhich requires that a petition be filed in the District Court within 180 days from the property of the propert		
	Date:	
Signature of Responding Official/Custodian		

E-mail Request Addendum		
Please fill out this form if you are requesting e-mails. Filling out this form will allow city staff to find the electronic mail (e-mail) which is responsive to your request in a timely manner.		
Please provide the specific e-mail addresses to be included in the search.		
Please provide the date or dates of records to be searched.		
Please provide any keywords (including names) that should appear in the e-mails.		