



City of Bellevue
115 E Pine Street
P. O. Box 825 Bellevue, ID 83313
208-788-2128 | Fax 208-788-2092

Public Records Request Form

Name: _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____

*Use of any list as a mailing list or telephone list is prohibited by Idaho Code § 74-120 and is punishable by a civil penalty up to \$1,000. By Submitting this Public Records Request, I certify that I will not use the disclosed information for an illegal purposed. *Certify:*

*I want to: Examine Records: Receive Copies of Records:

*Specific Date Range: From: _____ To: _____

Requested Documents

All Copies made are subject to a copying cost after the first 100 pages, which may be required prior to receipt of record(s). If the request requires more than 2 hours of labor to produce and review records, the request will incur an addition fee charged at the per hour pay rate of the lowest paid administrative staff employee or public official of the public agency who is necessary and qualified to process the request.

*Acknowledge: *I authorize up to: _____ hours for research and labor over 2 hours.

The city will respond to record requests within three (3) working days. However, we reserve the right to take an additional 10 working day to respond to requests from Idaho residents and up to 21 working days to respond to requests from non-residents. Pursuant § 74-103(2).