



STAR SEWER & WATER DISTRICT

100 S. Star Road, Suite 100

P.O. Box 400

Star, Idaho 83669

Phone: 208-286-7388 Fax: 208-286-7361

REQUEST TO EXAMINE PUBLIC RECORDS

(Please Print the following)

Name: _____ Date: _____

Mailing Address: _____

Phone: _____ Email: _____

***** ITEM OR ITEMS REQUESTED *****

(If you need more space, please complete on the back of this page)

Please specify by circling one: Are you requesting access, copies or certified copies of public records.

I have read and understand that per Idaho Code 9-338 Star Sewer & Water District has the right to implement fees. The following fees shall apply:

- * 10 cents per page (101 + pages)
- * \$12.00 in labor costs will be charged for actual labor associated with locating and copying the documents that exceeds two hours.
- * \$1.00 per page for Certified Copies

I further agree that I will not use the requested information for mailing or telephone lists, by penalty of Idaho Code 9-348.

I understand that the information requested may take more than three days to process and that I will be contacted by the Star Sewer & Water District stating an expected time frame for completion.

I understand the District does not process continuous information requests.

Requester's Signature: _____

Please return the completed request to testrada@starswd.com or fax to 208-286-7361.

For District Use Only

Date information granted: _____ Method of Delivery: _____ Fee Collected: _____
Date requester contacted about extended time: _____
City Employee Processing Request: _____