



POST FALLS POLICE DEPARTMENT
1717 E Polston Ave., Post Falls, ID 83854
Ph: (208)773-3517 ♦ Fax: (208) 777-2249
Email: Records@postfallspolice.com

REQUEST TO EXAMINE/COPY PUBLIC RECORDS

Date: \_\_\_\_\_

I hereby request, pursuant to Idaho Code section § 9-338(5), to examine and/or copy the following public records. Please describe the records with as much detail as possible; report number, type of case, date or names.

Case Number: \_\_\_\_\_

The requested information will be provided to you within three business days. If this deadline is not possible, you will be provided with a written explanation.

1. You will be notified if there will be a cost involved and what that cost will be.

If your request constitutes:

- 100 pages or less not exceeding 8 1/2" X 11", black monochrome, single-sided, readily available for copying will be provided at no charge.
• Records Requests exceeding the 100-copy annual threshold will be charged for copies beyond 100. (Refer to fee schedule on reverse side.)
• If the labor to locate and copy the records exceeds two hours, there is an hourly labor charge as defined in the fee schedule, including the first two hours, in addition to any costs per page.
• Photos, video and audio media are available according to the following fees. Check those that apply to your request.
 VHS Tape - \$2.00  DVD-RW - \$1.00  CD-R - \$1.00 (E-Photos)

2. Please check all boxes that apply to your request:

- These records specifically pertain to:  myself  friend  family  client
 I request to merely examine these records
 I request copies of these records and:
 I request to pick up copies of these records. You will be called when your request is ready.
 I request to have these records mailed to me. Must provide a self addressed stamped envelope.
 I request to have these records faxed to me Fax: (\_\_\_\_\_)\_\_\_\_\_
 I request to have these records e-mailed to me. File size may restrict ability to email.

\_\_\_\_\_@\_\_\_\_\_

(Print) Name: \_\_\_\_\_

Last Name First Middle Initial

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

City/State/Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ OR DL#: \_\_\_\_\_ State: \_\_\_\_\_

Optional

Telephone: (\_\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_\_)\_\_\_\_\_

I acknowledge by my signature that the requested records will not be used for a mailing or telephone list as set forth in Idaho code section 9-348. I acknowledge and am familiar with the fee schedule on the reverse side of this request.

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



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## **REQUEST TO EXAMINE/COPY PUBLIC RECORDS**

### **Records Oversight and Copy Fee Schedule**

No Charge for a Records Requests if :

- No research or redaction is required
- The request is under 100 copies on paper no larger than 8 ½" x 11" (*Note: There is a 100 copy threshold per calendar year per person*)
- Less than 2 hours of copying or records oversight by personnel

If the above time or copies are exceeded than the following fee schedule will apply:

|  |  |
|--|--|
| Black and White Copies                         | \$0.05 per page (not to exceed 8 ½" x 11") |
| Color Copies                                   | \$0.10 per page (not to exceed 8 ½" X 11") |
| DVD Copies                                     | \$1.00 each DVD                            |
| CD Copies                                      | \$1.00 each CD                             |
| Printed Photos                                 | \$2.00 each per 8 ½" x10" sheet            |
| VHS Tape (converted to DVD)                    | \$2.00 each DVD                            |
| Oversized documents<br>greater than 8 ½" x 11" | Net cost of duplication by outside vendor  |

Records examination oversight charge (for services beyond 2 hours in any calendar year) shall be charged at the lowest hourly wage plus benefit amount (at 25% of wage) of any employee qualified to assist in the records search and oversight beginning with the first hour.

Examination for redaction of confidential information shall be charged at the lowest hourly wage plus benefit amount (at 25% of wage) of any employee qualified to assist in the records search and oversight. Legal services concerning redaction examination shall be charged at actual cost charged to City by qualified counsel whether prosecutor (employee – actual wage plus 25% benefits) or city attorney's office (contract counsel at actual billed rate).

Records sought to be copied must be City records that actually exist. The City does not perform research projects for those who request records that require compilation. Records examination and copying must conform to available personnel to assure that regular City business can be maintained.

Prepayment is required for any records-related activities that exceed 2 hours during any calendar year. Prepayment amounts will be based upon good faith estimates of time and resources required. When records have been produced pursuant to a prepaid request and the amount prepaid exceeds actual costs, the City will refund any balance that is not expended in provision of services or copies. Copying will not be completed unless prepaid as required.

Serial records requests that are related to one another in any way will be treated as one request for purposes of calculating copying or records oversight charges during any calendar year.

Records produced pursuant to this fee schedule and the policy it accompanies shall not be used for mail or telephone solicitation as prohibited by law. A person requesting such records may be asked to affirm compliance with such requirement by signature on a request form or similar document.