



Public Records Request

Shoshone County Ambulance Service District

PO BOX 488

Osburn, ID 83849

Email: SCASD_records@shoshonecountyeems.org

Name:	Date:	Time:
Mailing Address, City, State, Zip:	Phone:	
	Fax:	
Email:	Prefer delivery by: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Will pick up in person	

All requests for public information pertaining to the Shoshone County Ambulance Service District must be made in writing. Please make the request specific and concise.

Please email the address provided to be added onto the agenda for the next regular meeting.

I certify that the information reviewed or received will not be used as a mailing or telephone list as prohibited under Idaho Code §74-120.

Signature of Requesting Party: _____

Response

- Request Granted:** The requested record is attached.
- Response Delayed**
 - Additional time is necessary to locate or retrieve the requested record. You should receive a response no later than ten (10) working days following the date of your request.
 - The electronic records requested will have to be converted to *another* electronic format, which will take more than ten (10) working days following the date of your request to respond. Please contact (the) Shoshone County _____ to discuss when you can expect to receive a response.
- Advance Payment Required:** Advance payment of the cost associated with responding to your request is required. Please contact (the) Shoshone County _____ to discuss the amount and manner of the advance payment.
- Unable to Respond for One or More of the Following Reasons**
 - The request is ambiguous. Please provide additional information to clarify your request.
 - The requested records are not known to exist.
 - This office or department is not the custodian of the requested record.
- Notice of Denial:** The requested record is exempt from disclosure pursuant to Idaho Code § 74-____ (104-111).
- Notice of Partial Denial:** Your request has been partially denied. Certain information has been determined to be exempt from disclosure pursuant to Idaho Code § 74-____ (104-111), and has therefore been redacted from the requested record. A copy of the requested record with the exempt information redacted is attached.

If your request has been denied or partially denied, an attorney for Shoshone County has reviewed the request, or Shoshone County has had the opportunity to consult with an attorney regarding the request for examination or copying of a record and has chosen not to do so.

If you wish to appeal the denial or partial denial of your request for public records you may do so pursuant to the provisions of Idaho Code § 74-115, which requires that a petition be filed in the District Court within 180 days from the date of the mailing of the notice of denial or partial denial.

Signature of Responding Official/Custodian

Date: _____