



PUBLIC RECORDS REQUEST
SHOSHONE COUNTY

700 BANK STREET, WALLACE, IDAHO 83873

Email: bocc@co.shoshone.id.us Phone: (208) 752-3331

EMAIL NOTE: County employee e-mail addresses typically follow the format of first initial and last name
Example: Joe Doe = jdoe@co.shoshone.id.us

Ref # _____

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 whether you prefer to examine records or will request copies to be made. Please make your request specific and concise, including department(s) and document type(s), as this will expedite the processing of your request. Please also fill out the email attachment form, as well, if you are requesting copies of County emails.

I am requesting to copy or examine certain records of (the) Shoshone County _____, which may be identified as follows:

Has this or similar information been requested by any other department? [] YES, Indicate Departments & Dates [] NO

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.

Date: _____

Signature of Responding Official/Custodian _____

General Information

The County is comprised of nine Elected Officials who direct operations of multiple departments. Records request completion may require input from more than one department. This form is for general records requests related to County functions. The most common requests and the primary department associations are as follows:

Board of County Commissioners (BOCC): Human Resources, County Administration, Legal, Technology, Public Meetings/Audio Recordings, Contracts/Board Action, Community Development (Permits, Ordinances, Land Use, Planning and Zoning)

County Clerk: Elections, Financial/Audit Records, Meeting Minutes, Tort Claims

Treasurer: Property Taxes, Public Administration, County Investments, Transaction Documentation/Checks

Sheriff /911: Arrest/Sheriff Responses and Records (**Please use the Sheriff's Office public records request form**)

PLEASE NOTE: If clarifying information is needed or the request must be transferred to another department, the County will respond within ten (10) working days of receipt of the request, as opposed to three (3) working days.

Any person who willfully destroys, alters, falsifies, or commits the theft of any public record shall be guilty of a FELONY pursuant to Idaho Code § 18-3202.

E-mail Request Addendum

Please fill out this form if you are requesting e-mails. Filling out this form will allow County staff to find the electronic mail (e-mail) which is responsive to your request in a timely manner.

Please provide the e-mail addresses to be included in the search.

Note: County employee e-mail addresses typically follow the format of first initial and last name.
For example: Joe Doe = jdoe@co.shoshone.id.us or jdoe@shoshoneso.com

Please provide the date or dates of records to be searched.

Note: Shoshone County retains e-mail records for 2 years.

Please provide any keywords (including names) that should appear in the e-mails.