

REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

Requestor Name: _____

Address: _____

Phone: _____

I hereby request to view the following documents and I agree to pay copy fees determined by the agency as summarized below:

DOCUMENTS TO VIEW:

SEPTIC SYSTEM INFORMATION:

Location of actual system - (the following information may be obtained from the County Assessor's office):

Address: _____ City: _____ Year Built: _____

Legal Description: Township: _____ Range: _____ Section: _____

Subdivision name (if applicable): _____ Div. #: _____

Lot: _____ Block: _____

Current and Previous Owners: _____

Idaho State Code exempts certain documents from public disclosure. If the public records you are seeking to examine or copy are exempt from disclosure, you will be notified.

In most circumstances, your request will be granted or denied within three (3) working days of the date of its receipt. If more time is necessary, Eastern Idaho Public Health will notify you in writing. If Eastern Idaho Public Health fails to respond within ten (10) days, your request has been denied.

Signature of Requestor (required) _____ Date _____

Email Address _____

(BELOW FOR EIPH USE ONLY)

Total # of copies made: _____

Total Copy Fee: \$ _____

Public Records provided by EH Staff _____

Agency custodian/observer _____

Date _____

MADISON COUNTY ONLY: Copy of Building Permit Plot Plan may be required

Septic Permit not required