REQUEST TO EXAMINE OR COPY PUBLIC RECORDS



Glenda Poston Clerk/Auditor/Recorder Boundary County Courthouse

email: gposton@boundarycountyid.org

Court: 208.267.5504 Auditor: 208.267.2242 Fax: 208.267.7814

P.O. Box 419 Bonners Ferry, ID 83805

Date:	Requester Name:
Requestor's Mailing Address:	
Records Requested (be specific): I agree that any records obtained pursuant to this request will not be used as a mailing list or telephone number list prohibited by Idaho Code or as otherwise required or prohibited by law.	
Date Request Submitted to County Atto	orney for Review:
Request Approval Date:	Approved By:

NOTE: Pursuant to I.C. 74-102(10)(b), If the above request Is for more than 100 pages, Includes records from which nonpublic information must be deleted, or the request exceeds two person hours, an additional fee may be charged.

Response to your request will be given within three (3) working days. If your request is approved, you will be notified the amount due if any. If your request Is denied, you will be advised of the reason and you have 180 days to protest the denial. If for some reason more time Is required to locate the requested information and make a decision as to access, we will notify you in writing and we have ten (10) days from the date of the request to approve or deny.