



## Ada County Highway District – Public Records Request Form

Idaho Code 9-339 and ACHD Policy 2023.3 provide the public the opportunity to review or copy public documents. In order to best serve the public and expeditiously process your request for public records, all requests to examine or copy public records **MUST BE MADE IN WRITING**. Please complete this form. All copies made are subject to a copying cost that may be required prior to receipt of record(s). We will respond to this request within three (3) business days. Business days are Monday – Friday, 8:00 a.m. to 4:30 p.m. All requests received after normal business hours (excluding holidays) shall be deemed received the next business day. Note: Records released pursuant to this request are not warranted as to completeness or accuracy. The information provided represents the disclosable information available under Idaho Code Title 9, Chapter 3 and the ACHD Policy Manual 2023.3. Additional records may present a more accurate representation of a given situation.

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

**PLEASE TYPE OR PRINT LEGIBLY**

Name: \_\_\_\_\_  
First Name Last Name

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Signature:** \_\_\_\_\_

Public Records Request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal Department Review:	
Steven B. Price	Date
_____	_____
Scott D. Spears	Date
_____	_____
Paul Boice	Date
_____	_____

Staff Use Only:
Request Completed By: _____
Completion Date: _____
Requestor Contacted: _____
Notification by: <input type="checkbox"/> U.S. Mail <input type="checkbox"/> EMail <input type="checkbox"/> Phone
Request Picked Up By: _____
Date Request Picked Up: _____

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