



TETON COUNTY
 150 Courthouse Dr.
 Driggs, ID 83422
 P: (208) 354-8780
 W: www.tetoncountyidaho.gov

Public Record
 Access Request

PLEASE READ CAREFULLY! Teton County (TC) will produce records in accordance with the IDAHO PUBLIC RECORDS ACT, subject to appropriate exemptions. The requesting party is hereby notified as follows:

- TC is only required to produce **records** in existence, not create records or answer questions (I.C. §§ 74-102 and 74-101(13));
- Unless otherwise notified, TC will approve or deny requests within **three (3)** working days of receipt (I.C. § 74-103);
- Once TC makes the records available, you will have **five (5)** working days to retrieve your information; **AND**
- If your request is denied in whole or in part for any reason below, you have the right to appeal any denial to the 7th District Judicial Court within 180 days of the date of the denial (I.C. § 74-115).

REQUESTED RECORDS

I hereby request, pursuant to I.C. § 74-102, to **EXAMINE** only, or **OBTAIN COPIES** of the following public records:

Record Description: _____

These records specifically pertain to myself: Yes No **Juvenile Records Only** - Relationship to Juvenile: _____

What office/department is your request intended for?: _____ Are emails requested?: Yes No

REQUESTOR INFORMATION

NAME _____ DL# _____
 COMPANY _____
 MAILING ADDRESS _____ (data/records may be mailed)
 CITY _____ STATE _____ ZIP CODE _____
 PHONE/CELL# _____ FAX # _____
 E-MAIL _____ (data/records may be sent via e-mail)
 SIGNATURE OF REQUESTOR _____ DATE _____

I acknowledge by my signature that the records sought by this request will not be used for a mailing or telephone list (I.C. § 74-120)

Voter Registration Records: Voter Registration Record Lists are processed pursuant to I.C. §§ 34-437, 34-437A, and 34-437B instead of the Idaho Public Records Act and therefore require submission of a "Voter Registration Report Order Form" available through the Teton County Clerk's Office together with payment of the corresponding fee in advance of production of the same.

DO NOT WRITE IN THIS SPACE - OFFICIAL USE ONLY:	
RECEIVED by Custodian: _____ (Date)	
<input type="checkbox"/> Request APPROVED with no redactions; <input type="checkbox"/> Request REDACTED pursuant to <input type="checkbox"/> I.C. § 74-106(4, 8, or 28) AND/OR <input type="checkbox"/> I.C. § 74-_____,*** <input type="checkbox"/> Request DENIED pursuant to I.C. § 74-_____,*** <input type="checkbox"/> Request REFERRED to Prosecutor	
DELIVERY: <input type="checkbox"/> E-mailed <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> Hand Delivered <input type="checkbox"/> No Record Found # of Pages: _____ # of Photos: _____ # of Audio Files: _____	
COMPLETED: _____ (Date) AGENCY SIGNATURE: _____ ***(<i>Responding agency has chosen not to consult with its attorney regarding this response</i>)	
PROSECUTOR REVIEW:	
<input type="checkbox"/> Request APPROVED with no redactions; <input type="checkbox"/> Request REDACTED pursuant to <input type="checkbox"/> I.C. § 74-106(4, 8, or 28) AND/OR <input type="checkbox"/> I.C. § 74-_____; OR <input type="checkbox"/> Request DENIED pursuant to I.C. § 74-_____	
PROSECUTOR SIGNATURE _____	DATE _____