

P.O. Box 4045  
200 West River Street, Suite 103  
Ketchum, ID 83340

Phone 208.788.6102  
Fax 208.788.6136  
Website [www.bcoha.org](http://www.bcoha.org)



### REQUEST TO EXAMINE/COPY PUBLIC RECORD(S)

The record(s) request will be processed within three (3) business days unless BCHA provides written notice that more time will be needed to meet the request. The BCHA is allowed up to ten (10) business days, when necessary (per Idaho Code § 74-103).

**Please complete the following:**

Print Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby request, pursuant to Idaho Code § 74-102, to examine and/or copy the following public record(s). **(Please be specific with dates and details regarding the information you wish to receive, vague or general requests may result in a delay).** If you have more than one request, please number them. The record(s) request is subject to the fee schedule on the following page.

Records Requested:

- I wish to examine these records.
- I wish an electronic copy of these records.
- I wish a physical copy of these records.

How would you like to be notified once your Record(s) Request is ready? Phone E-mail

*I acknowledge by my signature that the records sought by this request will not be used for a mailing list or telephone list as set forth in Idaho Code § 74-120, that I have reviewed BCHA's Public Records Policy, and that I have reviewed the fee schedule on the following page.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed forms to BCHA by email at [info@bcoha.org](mailto:info@bcoha.org) or in person at  
200 West River Street, Suite 103, Ketchum, ID

**Office Use Only:**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

## **FEE SCHEDULE FOR PUBLIC RECORDS REQUESTS**

### **COSTS OF COPYING**

Cost per copy (in-house):

Black & White	Color
\$ .05/page: 8.5"x11" single-sided	\$ .45/page: 8.5"x11" single-sided
\$ .08/page: 8.5"x11" double-sided	\$ .80 /page: 8.5"x11" double-sided

Cost for third party (out-of-house) copies:

For oversized materials which cannot be copied by the BCHA charges are based on the current rate of the facility selected to make the copies.

### **LABOR RATES**

Pursuant to Idaho Code § 74-102, the Labor Rates referenced below will apply under the following conditions:

- If the request is more than one hundred (100) pages of paper records; or
- If the request includes records from which nonpublic information must be deleted; or
- If the actual labor associated with locating and copying documents for a request exceeds two (2) person hours.
- If the request includes a request to convert from one electronic format to another.

<i>Executive Director</i>	Current salary plus annual cost of benefits divided by 2,080 hours per year.
<i>Program Director</i>	Current salary plus annual cost of benefits divided by 2,080 hours per year.
<i>Other Staff</i>	Current hourly rate plus annual cost of benefits.
<i>Attorney</i>	Current contract rate.
<i>IT Professional</i>	Current contract rate.

### **PAYMENT**

Payment of the applicable charges shall be made prior to the commencement of research or copying based upon BCHA's estimated cost for meeting the public records request.