



Mica Kidd Island Fire Protection District

Dedicated to the Protection of Life and Property

6891 W Kidd Island Rd, Cœur d'Alene, ID 83814-7356
Office: 208.769.7946 *** Fax: 208.769.9486

admin@mkifire.com

I hereby request to examine copy the following public record(s) as per Idaho Code §74-102 (1) & (2):
(Please be specific)

I understand that under Idaho Code §74-103 (1), the Mica Kidd Island Fire Protection District has three (3) working days from the date of receipt of the request to grant or deny the information. I further understand that I.C. §74-103 (1), does provide that if Mica Kidd Island Fire Protection District determines a longer period of time is needed to locate or retrieve the information, I will be notified in writing and that the request will then be granted or denied within ten (10) working days following my request.

I acknowledge that Mica Kidd Island Fire Protection District has an established copying fee schedule as allowed under I.C. §74-102 (10) (a-g), and as set forth in the District's Resolution 2014-01 paragraph 8 (a) through (e):

- (A) The Fire District shall not charge a fee for simple photocopying or simple electronic requests.
- (B) The Fire District shall charge a fee of .15 cents per copy plus a fee of \$20.00 per hour for requests that:
 - Exceed more than 100 pages of paper records; or
 - Requests that include records from which nonpublic information must be deleted; or
 - Actual labor costs associated with locating and copying documents for a request that exceeds two (2) person hours.
- (C) The Fire District shall charge a flat fee of \$10.00 for providing electronic duplication. This fee shall include the associated cost of the disc and copying information of a complex nature.
- (D) The hourly rate of \$20.00 per hour shall be charged for time spent identifying and redacting non-public information and if a request requires redactions to be made by an attorney, the rate charged shall be no more than the per hour rate of the attorney retained by the District.
- (E) Payment for services where the staff has requested additional time to provide the services or for voluminous and complex request shall be made in advance.
- (F) The Fire District shall charge a fee of \$2.00 for Simple Requests on a CD.

Print Name: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Daytime Phone Number: _____ Date of Request: ____/____/____

Signature: _____

Total Cost for Request, if any: \$ _____ Paid: Cash Check # _____ Money Order

Date request received: ____/____/____ By: _____

(Printed Name of MKI Representative)

Request Granted on ____/____/____ HIPAA Release on File _____

Request Denied with Written Notice of Denial Given/Sent: ____/____/____

By: _____ Title: _____