

151 N Ridge Avenue, Idaho Falls, ID 83402 | Office: 208-522-5145 | Fax: 208-522-5147 Office@AlturasAcademy.org | AlturasAcademy.org

COMMUNITY RELATIONS

Daytime Phone Number

4260F

Record Request Form

Request for Public Records				
I request: ☐ to examine records (please be as specific		\square to receive an electronic copy of the following		
	Name (Please I	Print)		
Date Records Requested We	re Created:			
-				
	ng Address:			
Date of Request				



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Received By:		
Date Received:		
Public Agency		
requested records. A response sh unless the field below has been in	three working days are needed to locate of hall be provided within ten working days initialed.	of the request.
another and doing so will require converted public record at the fol- between the agency and the reque	e more than ten working days. The agency sollowing time, which has been mutually agreester, with due consideration given to any landouversion or due to the use of a third party	shall provide the eed upon imitations that
Payment received for	Copies	
Amount Received:		
Payment received for	Labor	
Amount Received:		
Receipt Number		