

Attention: PRR Coordinator 322 E Front Street Suite 560

Boise, ID 83702

Public Records Fee Waiver Request Form

Date. Cii	ck here to enter a date.
First Nam	ne: Click here to enter text. Last Name: Click here to enter text.
Business	Name, Affiliation, or Representation: Click here to enter text.
Telephon	ne: Click here to enter text.
Fax: CI	ick here to enter text.
Email:	Click here to enter text.
Mailing A	ddress: Click here to enter text.
City: CI	ick here to enter text. State: Click here to enter text. Zip: Click here to enter text
	o Soil & Water Conservation Commission shall not charge any cost or fee for copies o en the requester demonstrates that the requester's examination and/or copying of cords:
(i)	Is likely to contribute significantly to the public's understanding of the operations
(ii)	or activities of the government; Is not primarily in the individual interest of the requester including, but not limited to, the requester's interest in litigation in which the requester is or may become a party; and
(iii)	Will not occur if fees are charged because the requester has insufficient financial resources to pay such fees.
I, the rec Fee Waiv	quester, certify that I meet \underline{all} criteria listed to qualify for a Public Records Request ver.
] Yes □ No
Signature	e of Requester:
Email: in Fax: 20	leted form to: fo@swc.idaho.gov 18.332.1799
Mail: Id:	aho Soil and Water Conservation Commission