

Public Records Request Form

Date: Click here to enter text.
First Name: Click here to enter text. Last Name:Click here to enter text.
Business Name, Affiliation, or Representation: Click here to enter text.
Telephone: Click here to enter text. Fax: Click here to enter text.
Email: Click here to enter text.
Mailing Address: Click here to enter text.
City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter.
Description of public records requested for disclosure: (Please include as much detail as possible. The more specific, the better we are able to respond t your request. Text field will expand to accommodate request.) Click here to enter text.
Idaho State Code exempts certain documents from public disclosure, in which case, you will be notified.
USE OF ANY LIST AS A MAILING LIST OR TELEPHONE LIST IS PROHIBITED BY IDAHO CODE §9-348 AND PUNISHABLE BY A CIVIL PENALTY UP TO \$1,000.
I certify that I will not use disclosed information for an illegal purpose. I also agree to reimburse the Idaho Soil and Water Conservation Commission according to the established fee schedule.
Yes □ No □
Signature of Requester:
Send completed form to: Email: info@swc.idaho.gov Fax: 208.332.1790 Mail: Soil and Water Conservation Commission

To solicit a fee waiver, please fill out a Fee Waiver Request Form and submit with your Public Records Request.

322 E Front Street Suite 560

Boise, ID 83702