Print Form

# STATE OF IDAHO

Department of Environmental Quality

## PUBLIC RECORDS FEE WAIVER CERTIFICATION FORM

Date:

Name of Person Submitting Certification:

Business Name, Affiliation, or Representation:

Telephone (including area code):

Fax (including area code):

E-mail:

Mailing Address:

City: State: ID Zip:

I, the certifier, do hereby certify one of the following: select appropriate button

I am an individual who is indigent and lacks the means to pay fees according to the established fee schedule. I further certify that the requested records will not be used for proprietary use. I understand that if, in the future, the Idaho Department of Environmental Quality (DEQ) determines my ability to pay to be different than represented here, the DEQ reserves the right to recover charges according to the established fee schedule.

The use of requested record will be limited to a public purpose and the assessment of fees would cause the public's interest or understanding of government operations or activities to suffer. I further certify that the requested records will not be used for personal or proprietary use. I understand that if, in the future, the DEQ determines my use of the documents to be different than represented here, the DEQ reserves the right to recover charges according to the established fee schedule.

Signature of Requestor

Send completed form along with your completed Request to Examine and/or Copy Public Records Form to:

E-mail: tisha.kouski@deq.idaho.gov
Fax: (208) 373-0417
Mail: Department of Environmental Quality
Attention: Tisha Kouski
1410 N. Hilton
Boise, ID 83706