

Teton County Sheriff's Office Sheriff Tony Liford

230 N. Main St, Suite 160 Driggs, ID 83422 Request to Examine / Copy Public Records

PHONE 208-354-2323

FAX 208-354-8028

EMAIL

sheriffdocs@co.teton.id.us

I hereby request, pursuant to) Idaho Code 9-338, to	o examine and or copy the following public re	ecords:				
□ Accident Report	Other:						
Case Number: Type of Incident:							
Date Incident Occurred:		Time Incident Occurred:					
☐ These records specifically☐ I wish to merely examine☐ I wish to acquire a copy of	these records						
I wish to receive the records by the following method:							
☐ Fax to the fax number be ☐ I will return to the Sherif Payment of \$.10 cents per ☐ Email address: There is no charge for emai	f's Office and pick up page is expected	the records					
Printed Name:							
Mailing Address:							
Telephone Number:		Fax:					
Signature: Date: Date: I acknowledge by my signature that the records sought by this request will not be Used for a mailing list or telephone list as set forth in Idaho Code 9-348.							
Sheriff Tony Liford		-					
Date request receiv	ed:	Initials:	_				

Paid (amount) □ Cash □Check (number) □ Other						
Date request prep	ared:	Ini	itials:	_		
Records were:	□ Faxed	□ Mailed	□ Picked Up	□Emailed		
Date	e:	Time:	Initi	als:		