



PUBLIC RECORD REQUEST

All requests to examine or copy public records **MUST BE MADE IN WRITING** using this form.

Be sure to print your name, address and phone number so that we may respond to this request.

ALL COPIES MADE ARE SUBJECT TO A COPYING COST, WHICH MAY BE REQUIRED PRIOR TO RECEIPT OF RECORD(S).

PUBLIC RECORD REQUESTED BY:

Name:	Email:
Physical Address:	
Mailing Address:	
Phone #: ()	Cell #: ()

PUBLIC RECORD REQUESTED:

Details:

Provide detailed information about the record you are requesting. Include the date, time and location of the incident. Give full names of individuals, including date of birth or age, social security number, if known, and the specific incident in which the person was involved.

STIPULATION:

Public record(s) released pursuant to this written request are not warranted as to completeness or accuracy. Some public records maintained by law enforcement authorities are exempt from disclosure under Idaho's Open Records Act. The public record(s) released in response to this request represents only the record(s) available pursuant to I.C. Title 9, Chapter 3. Additional records from other sources may depict more accurate or more complete record of a given person or situation.

Idaho law provides three (3) to ten (10) business days to respond to your request, depending on specifics of availability and excluding US Mail time. Business days are Monday through Thursday, 7:00 AM to 6:00 PM. All requests received after a business day closes shall be deemed received the next business day. Allow a minimum five days for return mail response.

DO NOT WRITE BELOW THIS LINE

Received by: _____ Date: _____ Time: _____

Released by: _____ Approved: _____ Partial: _____ Denied: _____

Number of Pages: _____ Copy Cost: _____ Date Paid: _____

NO RECORD FOUND: _____ Date Released: _____