

Buhl Police Department

PUBLIC RECORDS REQUEST

All records to examine or copy of public records *MUST BE MADE IN WRITING* using this form. Please print your name, mailing address, phone number and email so 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:					
Requestor's Name (Please	Print):				
Phone Number:					
Mailing Address (including	city, state, zip):				
Email Address:	_				
Requested Public Record requesting that includes date, full names of individuals that incident information of person	time, and location of includes date of birth, ag	icident, assigned	case num	ber if issued. Provide	
Detailed Description of Re	cords Requested:				
Do you want to: Exam (fee(s) may apply.	ine Requested Records	s or Recei	ve copy of	Requested Records	
Requestor's Signature:		Da	Date Requested:		
CONDITIONS: Public recompleteness or accuracy. Son from disclosure under Idaho C represents only the record(s) a Chief of Police after consulting whether documents are to be recompleted.	ne public records maintaged on the public vailable pursuant to I.C. g with the city attorney of the public parts of the city attorney of the public parts of the public parts of the public parts of the public parts of the public publi	ained by law enforce record(s) released. Title 74, Chapte	orcement and the contract of t	uthorities are exempt nse to this request ecords Manager and/or	
Idaho law provides three (3) specifics of availability and 6 8:00 AM to 6:00 PM. All requbusiness day. Allow a minimum	excluding US Mail times uests received after a bu	e. Business days a siness day close s	re Monday	through Thursday,	
For Official Use Only:					
Received by:		Date:		Time:	
Released by:	Approved:	Denied:	Partial:	# of Pages:	
Date Released:	No Record Found	: Copy Cost	t :	_ Date Paid:	

Primary Email: PDRecords@cityofbuhl.us For questions, please call: (208) 543-4200.