

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 Information: *Provide detailed description in regards to records you are requesting that includes date, time and location of incident, assigned case number if issued*. Provide full names of individuals that includes date of birth, age, social security number, if known, and specific incident information of person involved.

Detailed Description of Records Requested:	

Do you want to: _____ **Examine Requested Records** or _____ **Receive copy of Requested Records** (fee(s) may apply.

Requestor's Signature: _____ Date Requested: _____

CONDITIONS: 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 close shall be deemed received the next business day. Allow a minimum five days for return mail response.

For Official Use Only:			
Received by:		Date:	Time:
Released by:	Approved:	_ Denied: Partial:	# of Pages:
Date Released:	_ No Record Found: _	Copy Cost:	Date Paid:

Primary Email: <u>buhlpdpublicrecords@cityofbuhl.us</u> For questions, please call: (208) 543-4200.