

# PUBLIC RECORDS REQUEST

In order to best serve the public, and as expeditiously as possible, to process your request for public records, all requests to examine or copy public records **MUST BE MADE IN WRITING**. Please help us in this process by filling out this form completely. Be sure to print your name, address, phone number and email address so we may respond within a timely manner to this request.

**DATE OF REQUEST:** \_\_\_\_\_

I request to: \_\_\_\_\_ Examine \_\_\_\_\_ Obtain a copy

Accident Report, Incident Report or Dispatch Log, filed with the Boundary County Sheriff's Office for  
DATE: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_  
or REPORT NUMBER: \_\_\_\_\_

Photographs. (Copying costs may apply depending upon size and quantity requested)

Tapes or videos (Copying costs dependent upon size, quantity and actual cost of reproductions)

OTHER: Please describe fully so we can locate the record quickly. Use all relevant dates, locations, names, dates of birth, or incident, etc. to help describe what records you are requesting. USE ADDITIONAL FORMS IF NECESSARY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**These records specifically pertain to myself**

**NOTICE:** Records released pursuant to this request are not warranted as to the completeness or accuracy. The information provided represents the information available for disclosure, pursuant to Idaho Code Title 9, Chapter 3. Additional records from other sources may present a more accurate representation of a given situation.

**NAME OF REQUESTING PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY / ZIP CODE:** \_\_\_\_\_

**DAY PHONE#:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_, *I acknowledge, by my signature, the record (s) sought by this request will not be used for a mailing list of telephone list as set forth in Idaho Code 9-348.*

We will respond to this request within three (3) business days.

Business days are Monday – Friday, excluding Holidays, 8 A.M. to 4 P.M.

All requests received after normal business hours shall be deemed received the next business day.

DO NOT WRITE BELOW FOR OFFICIAL USE ONLY:

Created: 04/03/2014

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Approved: \_\_\_\_\_ Partial: \_\_\_\_\_ Denied: \_\_\_\_\_ No Record Found: \_\_\_\_\_

Date released: \_\_\_\_\_ How released: \_\_\_\_\_ Time involved: \_\_\_\_\_

Additional costs necessary? / AMT & Why? \_\_\_\_\_