



JEROME COUNTY SHERIFF'S OFFICE



PUBLIC RECORDS REQUEST

All requests to examine or copy public records MUST BE MADE IN WRITING. The record or a written reply will be delivered using the method requested below. Allow 3-10 business days for a response.

- 1. Fill out this form completely. PLEASE PRINT LEGIBLY.
2. Specify the record requested by checking the block indicated and filling in any additional information needed.
3. Enter full name, address, and telephone information of the requestor.

PURSUANT TO IDAHO STATE CODE 9-338 ALL REQUEST MADE MAY BE SUBJECT TO A COPY AND/OR PROCESSING FEE WHICH MAY BE REQUIRED PRIOR TO PROSESSING RECORD(S).

PUBLIC RECORD REQUESTED BY: [Record will be mailed to this address if requested]

Name: _____

Mailing Address: _____

City, State, and Zip Code: _____

Phone Number(s): _____

Reason for Request: _____

Delivery Method: [] Hold for Pickup [] Mailed [] Faxed

PUBLIC RECORDS REQUESTED: Please be specific.

- [] Motor Vehicle Accident Report Case #If known _____ Fatality: [] Yes [] No
[] Photographs Case #If known _____ (\$5 charge for each photo disc.)
[] Police Report Case #If known _____ (Fees may be assessed if report is over 100 pages.)
[] Other: _____ Case #If known _____

PLEASE DESCRIBE THE RECORD(S) YOU ARE REQUESTING FULLY, USING RELEVANT DATES, LOCATION, NAMES OR DATE OF BIRTH, INCIDENT DETAILS, ETC.

STIPULATION: Your request(s) will be processed within the parameters of the law. Your request(s) will be complied with the extent that it is understood; the record(s) requested are within the control of the record's custodian, and the requested record(s) are not exempted by Title 9, Chapter 3, of. Idaho Code.

Idaho law provides 3-10 business to respond to your request, depending on specifics of availability and excluding US mail time. Business days are Monday – Friday 8:00 am to 5:00 pm. All requests received after normal business hours shall be deemed received the next business day.

Signature: _____ Date: _____

I acknowledge by my signature that the records sought by this request will not be used for a mailing or telephone list as set forth in Idaho Code 9-348

FOR OFFICIAL USE ONLY

Received By: _____ Date: _____ Time: _____

Number of Pages: _____ Oversized Report Charge: _____ Disc Charge: _____ Total Due: _____

No Record Found: _____ Release: Approved Partial Denied

Date Mailed/Released: _____