



BOISE POLICE DEPARTMENT PUBLIC RECORD REQUEST



In order to best serve the public and to as expeditiously as possible 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, and telephone number so that we may respond to this request.

PURSUANT TO IDAHO STATE CODE §9-338(8), ALL REQUESTS MADE ARE SUBJECT TO A COPY AND/OR PROCESSING FEE WHICH MAY BE REQUIRED PRIOR TO RECEIPT OF RECORD(S)

I request to: Examine Copy: DR# : _____

Police reports Photographs Accident

Other: (Describe fully so that we can locate the record more quickly. Use dates of arrest or report, location, suspect's name or date of birth, or crime, etc. to help describe what you are requesting.)

NOTICE: Records released pursuant to this request are not warranted as to completeness or accuracy. The information provided represents the disclosable information available pursuant to Idaho Code Title 9, Chapter 3, and Boise City Code §1-6-11. Additional records from other sources may present a more accurate representation of a given situation.

NAME OF REQUESTING PERSON: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

DAY TELEPHONE NO.: _____

(The Custodian of the Record will mail the response to the address given above.)

E-MAIL ADDRESS: _____

We will respond to this request within 3 business days, excluding mail delivery time. Business days are Monday-Friday 8:00 a.m. to 5:00 p.m. All requests received after normal business hours (excluding holidays) shall be deemed received the next business day.

****THIS DOCUMENT IS A PUBLIC RECORD****

DO NOT WRITE IN THIS BOX - FOR OFFICIAL USE ONLY

Received by: _____ Date: _____ Time: _____

Received by BPD Custodian: (initials) _____ Number of pages: _____

Release: Approved Partial Denied No record Found

Time Retrieving/Researching/Processing _____ Date mailed/Released _____