



JEROME COUNTY SHERIFF'S OFFICE  
PUBLIC RECORDS REQUEST

INSTRUCTIONS:

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 a minimum of three (3) business days for a response.

1. Fill out this form completely. PLEASE PRINT.
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 requestor.

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

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

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Daytime or Message Telephone: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Delivery Method:  Hold for Pickup  Mailed  Faxed

PUBLIC RECORD REQUESTED: Please be specific.

- |  |                       |  |
|--|-----------------------|--|
| <input type="checkbox"/> Motor Vehicle Accident Report | Case # if known _____ | Fatality: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Photographs                   | Case # if known _____ | (Note: \$5 charge for each photo disk.)                            |
| <input type="checkbox"/> Police Report                 | Case # if known _____ | (Note: Fee's may be assessed if report is over 100 pages.)         |
| <input type="checkbox"/> Other: _____                  | Case # if known _____ |  |

DETAILS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide detailed information about the record you are requesting. Include the date, time, and location of the incident. Give full names of individuals, including the date of birth, social security number if known, and the specific incident in which the person was involved.

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

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 Friday, 8:00 a.m. to 5:00 p.m. All requests received after a business day closes 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: _____	Release: Approved	Partial	Denied
Disc Charge: _____	No Record Found: _____		
Total Due: _____	Date Mailed/Released: _____		