



### Montpelier Police Department (Idaho Public Records Law 9-337 through 9-355)

Name of Requester: _____ Company (If Any): _____ Street Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Area Code: (_____) Number: _____	Method of Access Desired <input type="checkbox"/> Copies to be Mailed Address (if different from that given at left) _____ <input type="checkbox"/> Copies to be Inspected at: <input type="checkbox"/> Other Location (Specify) _____
Your Client or Insured: _____ Your File Number: _____	Signature of Requester: _____ Date: _____
Name Referred to in Record: _____ Date of Birth: _____ Drivers License No. _____	<div style="text-align: center;"><b>Department Use Only</b></div> <input type="checkbox"/> Letter Attached-Explaining Exemptions <input type="checkbox"/> Telephone <input type="checkbox"/> In Person Departmental Member Receiving Request: Date: _____ Time: _____ Complaint Number: _____ File Class: _____ <input type="checkbox"/> Copy of Requested Records Attached <input type="checkbox"/> Requested Records Unavailable <div style="text-align: center;"><b>Recommendation On Release of Records</b></div> <input type="checkbox"/> Release <input type="checkbox"/> Partial Denial (Personal Information): <input type="checkbox"/> Partial Denial (Other): <input type="checkbox"/> Full Denial (Reason): Letter provided with explanation (attach to this form)
<input type="checkbox"/> Complaint Report (Give Report Number, If Known): _____ <input type="checkbox"/> Traffic Accident Report <input type="checkbox"/> Criminal History Record <input type="checkbox"/> Other Record (Describe) _____ _____ _____ _____	Signature of Chief of Police: _____ Date: _____ <div style="text-align: center;"><b>Records Use Only</b></div> Notification Date to Requester : _____ Time: _____ <b>Report Cost: \$5.00 + fees below      Accident Reports: \$10.00</b> Look up Time: _____ x Rate \$10.00 hr = Look Up Cost _____ Review Time: _____ x Rate \$10.00 hr = Review Cost _____ Number of pages: _____ x Rate \$0.25 = Copy Cost _____ DVD or CD Duplication _____ x Rate \$10.00 = Copy Cost _____ Photographs (Pages) _____ x Rate \$2.50 = Copy Cost _____ <b>Cost to Requestor \$ _____</b> Revised 07/2 /10 gb
Date of Event (Be Specific): _____ Location of Event (Be Specific): _____ Specific Event to Which Record Refers: _____ _____ _____ _____ _____ _____	