

Montpelier Idaho Police Department

Idaho Public Records Law; Title 74 IC



PUBLIC RECORDS REQUEST

Requestor: <i>please print</i>				Date: / /	
Address					
City		State		Zip Code	
Company (if any)			Your Company Case Number:		
Telephone: ()			Email:		

PLEASE DESCRIBE THE RECORD(S) YOU ARE REQUESTING FULLY, USING DATE, LOCATION, NAME(S) WITH DATE OF BIRTH, NATURE OF THE INCIDENT, ETC.

Name in Record:	<input type="checkbox"/> self		Date of Birth:	/ /	
Type of Record <input type="checkbox"/> Traffic Collision Report		Incident Number (if known)			
Date of Occurrence	/ /	Location			
Details about the specific event:					

I am the parent/guardian of a juvenile in the report/record.

I request to: be provided with a copy the record by self-pickup mail email fax () -
Copies made are subject to a copying cost which may be required prior to receiving the record(s)

examine the record at City Hall

Signature of Requestor _____

Montpelier City Use Only

Request received by: _____ Date and Time: ___/___/___ ___ hours
 Records Custodian review: ___/___/___ RELEASE EXTENSION PARTIAL DENIAL _____