

WASHINGTON COUNTY

MATT A. THOMAS, Sheriff
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(208) 414-2121
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RECORDS REQUEST FORM

TO: Records Custodian

Today's Date: _____

Date of Incident: _____ Case #, if known: _____

Name of subjects involved with this case? _____

I hereby request, pursuant to Idaho Code § 74-102, to examine and/or copy the following public records: Please include case number, date, location, type of incident and any subject involved, if known.

- These records specifically pertain to myself.
- These records pertain to a family member related to myself.
- These records pertain to an acquaintance of mine.
- I wish to merely examine these records.
- I wish copies of these records.

Your Name: _____

Mailing Address: _____

Email Address (if you would like records emailed): _____

Telephone No. () _____

Signature _____

I acknowledge by my signature that the records sought by this request will not be used for a mailing list or telephone list as set forth in Idaho Code § 74-120.

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For Office Use Only:

Completed By: _____ Date: _____ Given In Person: _____ Mailed: _____ Faxed: _____ Other: _____