

CLEARWATER COUNTY SHERIFF'S OFFICE

John Smith, Sheriff
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Email: dispatch@clearwatercounty.org

REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

Request Date: _____ Incident Date: _____

Case # (If known): _____

I hereby request, pursuant to Idaho Code 74-102 to examine and/or copy the following public records

- ☐ These records specifically pertain to myself.
- ☐ I wish to examine these records.
- ☐ I wish copies of these records.

Printed Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Signature: _____

Clearwater County Sheriff's Office Processing

- ☐ Notified/Message Left Date: _____ Time: _____ Initials: _____
- ☐ Request Mailed Date: _____ Time: _____ Initials: _____
- ☐ Request Released Date: _____ Time: _____ Initials: _____
- ☐ Denial Letter Mailed Date: _____ Time: _____ Initials: _____