



PUBLIC INFORMATION REQUEST

Please read the following information carefully. The Freedom of Information Act (FOIA) does not apply to local government requests. Law enforcement records are handled differently than other public records. The Teton County Sheriff's Office (TCSO) upon request will produce records in accordance with the State of Idaho Public Records Act, subject to appropriate exemptions. For example, records about matters that are under investigation or that reveal law enforcement investigative techniques cannot be disclosed. The requesting party is hereby notified as follows:

- The TCSO is only required to produce records in existence, not create records or answer questions (I.C. §§ 74-102 and 74-101(13));
- Unless otherwise notified, BSCO will approve or deny requests within three (3) working days of receipt (I.C. § 74-103);
- Once TCSO contacts you, you will have five (5) working days to retrieve your information;
- Requests for information on behalf of a criminal defendant for an open/pending case, must be sought through discovery in the criminal case, not through a public records request (I.C. § 74-115(3));
- If your request is denied in whole or in part for any reason below, you have the right to appeal any denial to the 7th District Judicial Court within 180 days of the date of the denial (I.C. § 74-115);
- Personal information including but not limited to names, juvenile information, addresses, and other contact information will be removed from all released reports;
- The compilation and preparation of records sought which require over two hours of labor and/or more than 100 pages of paper records to be copied will require the requestor to provide advance payment of the copy and labor fees per Idaho Code §§ 74-102(10) and (12).

REQUESTED RECORDS

I Hereby request, pursuant to I.C. § 74-102, to EXAMINE only, or OBTAIN COPIES of the following public records:

- | | |
|--|--|
| <input type="checkbox"/> Incident Report: Case # _____ | <input type="checkbox"/> Automobile Accident: Case # _____ |
| <input type="checkbox"/> Photographs | <input type="checkbox"/> Photographs |
| <input type="checkbox"/> Fatality Involved | <input type="checkbox"/> Fatality Involved |

These records specifically pertain to myself: Yes No

If you do not have the case number, please describe the incident which occurred, including dates, times, persons involved.

Records Requested: _____

Date & Time of Incident: _____ Type of Incident: _____

Address or Location of Incident: _____

Person Involved: _____ (Juvenile Records Only) - Relationship to Juvenile: _____

REQUESTOR INFORMATION

Name/Company: _____ DL# _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone/Cell#: _____ Fax #: _____ E-mail: _____

I wish to receive the records by the following method: Email Mailed Paper Copy Fax

Signature of requestor _____ Date of Request: _____

(I acknowledge by my signature that the records sought by this request will not be used for a mailing or telephone list (I.C. § 74-120))

FOR OFFICIAL USE ONLY IN THIS SPACE

Request received by: _____ Date: _____

- | | |
|--|---|
| <input type="checkbox"/> Incident/Case Active | <input type="checkbox"/> Request APPROVED with no redactions; |
| <input type="checkbox"/> Pending Supervisor Approval | <input type="checkbox"/> Request REDACTED <input type="checkbox"/> Request DENIED |
| <input type="checkbox"/> Pending Trial/Adjudication | <input type="checkbox"/> Request REFERRED to Prosecutor |

Notes: _____

PROSECUTOR REVIEW

- Request APPROVED with no redactions;
- Request REDACTED pursuant to I.C. § 74-106(4, 8, or 28) AND/OR I.C. § 74-_____ ; OR
- Request DENIED pursuant to I.C. § 74-_____ Notes: _____

Prosecutor Signature: _____ Date: _____

Completed By: _____ Date: _____

PRR Completed DELIVERY: E-mailed Mailed Faxed Hand Delivered No Record Found