ADA COUNTY SHERIFF’S OFFICE
PUBLIC RECORDS REQUEST

INSTRUCTIONS:
All requests to examine or copy public records MUST BE MADE IN WRITING which can be done using this form or our online Public Records process through our website. A written reply will be sent.

1. Fill out this form completely. PLEASE PRINT.
2. Specify the record requested by checking the block indicated and filling in any additional information needed.
3. Enter full name, address, telephone information and e-mail address (if applicable) of requestor.

PURSUANT TO IDAHO STATE CODE §74-102(10) ALL REQUESTS MADE ARE SUBJECT TO A COPY AND/OR PROCESSING FEE WHICH MAY BE REQUIRED PRIOR TO PROCESSING OF RECORD(S).

PUBLIC RECORD REQUESTED BY:
Name ______________________________________________ ___________________________________
Mailing Address ___________________________________ ______________________________________
City/State/Zip Code _______________________________ _______________________________________
Daytime or Message Telephone ______________________ ______________________________________
E-mail address________________________ __________________________________________________

PREFERRED DELIVERY METHOD:  ☐ Mail  ☐ Pick-up  ☐ E-mail (Please note that NOT ALL DOCUMENTS MAY QUALIFY FOR ELECTRONIC DELIVERY in which case we will send any documents via U.S. Postal Service.)

PUBLIC RECORD REQUESTED: Please be specific.
☐ Motor Vehicle Accident Report
☐ Photographs
☐ Police Report  DR # (if known) __________
☐ Dispatch Recording
☐ Dispatch CAD Printout
☐ Arrest History: Need Name/DOB/SSN (ARRESTS BOOKED IN ADA COUNTY JAIL ONLY)
☐ Jail Time Served (Specify date range under details)

DETAILS (Required): ________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Provide detailed information about the record you are requesting. Include the date, time, and location of the incident. Give full names of individuals, including the date of birth, social security number if known, and the specific incident in which the person was involved.

STIPULATION:
Public record(s) released pursuant to this written request are not warranted as to completeness or accuracy. Some public records maintained by law enforcement authorities are exempt from disclosure under Idaho’s Open Records Act. The public record(s) released in response to this request represents only the record(s) available pursuant to Title 74, Chapter 1, Idaho Code. Additional records from other sources may depict a more accurate or more complete record of a given person or situation.

Idaho law provides three (3) to ten (10) business days to respond to your request, depending on specifics of availability and excluding US mail time. Business days are Monday through Friday, 8:00 a.m. to 5:00 p.m., excluding Holidays. All requests received after a business day closes shall be deemed received the next business day.

For questions, please feel free to contact the Public Information Desk at (208)577-3012.

FOR OFFICIAL USE ONLY

Received by:_______________________________________  Date:_____________Time:__________________