145 E. Main Street
Rexburg, ID 83440

Phone: (208) 372-5000
Fax: (208) 359-3289

PUBLIC RECORDS REQUEST FORM

REQUESTOR INFORMATION

NAME: _____ DATE OF BIRTH: _____

DRIVERS LICENSE #: _____ PHONE NUMBER: _____

COMPANY, if applicable: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

REQUESTED RECORDS

TYPE OF REPORT: ☐ VEHICLE ACCIDENT ☐ CRIMINAL INCIDENT

INCIDENT #: _____ DATE OF INCIDENT: _____

PARTIES INVOLVED: ☐ REQUESTOR WAS INVOLVED ☐ REQUESTOR WAS NOT INVOLVED

If the requestor is not an involved party, please include the names and date of births of those involved:

_____

LOCATION: _____

ADDITIONAL INFORMATION: _____

How would you like to receive these records?

☐ PICK UP IN OFFICE

☐ FAX: _____

☐ EMAIL: _____

SIGNATURE OF REQUESTOR: _____ DATE: _____

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 9-348.