



# MOUNTAIN HOME POLICE DEPARTMENT

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Chief John Walter

## RECORDS REQUEST

REQUEST FOR COPIES OF REPORT(S)

PLEASE PRINT CLEARLY

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

REPORT REQUESTED ON:  SELF  OTHER

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

TYPE OF INCIDENT: \_\_\_\_\_

LOCATION INCIDENT OCCURRED: \_\_\_\_\_

I certify this request for information will not be used to compile a mailing or telephone list.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Photo identification required when reports are picked up. Release of certain reports will be approved by the City Prosecutor. Please allow three (3) to five (5) business days for requests to be reviewed, approved, and processed. Our office will call when the reports are ready to be picked up. If a copy of a report is not released, the requestor has 180 days to appeal to the district court, per Idaho Code 9-339.

### FOR OFFICE USE ONLY:

REPORT RELEASED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

IF DENIED, STATE REASON: \_\_\_\_\_

\_\_\_\_\_