Shelley Police Department

Request for Public Records **Requestor Information** Name: _____ Phone Number: _____ Mailing Address: Email: Requested Records Date of Incident: _____/___/ Case Number: If you do not have a case number, please provide a detailed description of the record(s) sought: I would like to receive this report: □ via e-mail □ in person □ via fax # **PLEASE NOTE:** The department has three (3) working days to grant or deny this request. Granted requests shall be produced as provided by law. Requests regarding an open or pending case must be sought through the discovery process. If it is over 100 pages, you will be charged the actual cost of copies. There will be a charge if nonpublic information must be redacted. You will be charged the actual cost of employee's time to locate and copy the records if it exceeds 2 person hours. If it requires overtime, it will be charged at 1 ½ times their wage. All costs must be prepaid before any records will be released. If you are requesting copies of photographs or videos, you must provide an unopened 16 GB thumb drive. Each thumb drive is subject to a \$2 processing fee and/or return shipping, which must be paid in advance. Date: Signature: I acknowledge by my signature that the records sought will not be used for a mailing or telephone list §74-120 OFFICIAL USE ONLY DSMAIN: ☐ Approved ☐ Approved with Redactions pursuant to Idaho Code § ______ ☐ Referred to Prosecutor ☐ **Denied** pursuant to Idaho Code § **Delivery** □ E-mailed ☐ Mailed ☐ Faxed ☐ Hand Delivered

PROSECUTOR REVIEW

□ Approved □ Approved with Redactions pursuant to Idaho Code § _____

□ Denied pursuant to Idaho Code § _____

Prosecutor Signature: _____ Date: _____

☐ Returning a thumb drive with: _____ photo(s), ____ video(s), ____ audio file(s)