

Shelley Police Department

115 S. Emerson, Shelley, ID 83274



Request for Public Records

Requestor Information

Name: _____ Phone Number: _____

Physical Address: _____
CITY STATE ZIP

Mailing Address (if different) : _____
CITY STATE ZIP

Email: _____

Requested Records

Case Number: 25SPXXXXX Date of Incident: _____

Type of Record Requested: ☐ Incident Report ☐ Accident Report ☐ Other: _____

Please provide a detailed description of the record(s) sought: _____

I would like to receive this information: ☐ via e-mail ☐ in person ☐ other: _____

Residency Declaration

☐ I am a legal resident of the State of Idaho. I, PRINTED NAME, hereby declare and affirm under penalty of perjury, pursuant to the laws of the State of Idaho, that I am a legal resident of the State of Idaho, as described in §74-101(15). I understand that this declaration is made under oath and that any false statement herein may subject me to penalties for perjury under Idaho Law.

☐ I am not a legal resident of the State of Idaho.

Signature: _____ Date: _____

I acknowledge by my signature that the records sought will not be used for a mailing or telephone list, as described in Idaho Code §74-120.

OFFICIAL USE ONLY

Received: _____ Completed: _____ DSMAIN: _____

Request: ☐ Approved ☐ Approved with Restrictions ☐ Referred to Prosecutor ☐ Denied

Attachments: ☐ Extension Letter ☐ Invoice ☐ Response Letter ☐ Other: _____