



GARDEN CITY POLICE DEPARTMENT Request to Examine/Copy Public Documents

I hereby request, pursuant to Idaho Code § 74-102, to examine and or copy the following public records:

Please list or identify names of documents, report numbers or tracking references, such as name(s), dates(s) and location(s) that may assist us with fulfilling your request.	
Police Report Number (if known) or Description of Information. If requesting information on an Individual we must have Name and Date of Birth or SSN of Individual:	
Date of Request:	Name of Requesting Party:
Street Address:	City, State, Zip:
Daytime Phone:	Fax:
I acknowledge by my signature that I will pay for any applicable duplicating, reproduction, or postage costs and that the records sought by this request will not be used for a mailing list or telephone list as set forth is Idaho Code § 74-120.	
Signature:	
<input type="checkbox"/> I wish to have copies of these records <input type="checkbox"/> I wish to receive copies by (check one): <ul style="list-style-type: none"> <input type="radio"/> In person pick up <input type="radio"/> Mail <input type="radio"/> Fax 	

Do Not Write Below This Line – For Official Use Only

Received By:	Time Received:	Date Received:
Requested from State Archives	Requested By:	Date:
Received from State Archives	Received By:	Date:
Received by Records Supervisor	Received By:	Date:
Reviewed/Released by GCPA	Reviewed By:	Date:
Approved for Release: Yes No Partial Denied		Extension Letter Sent: Yes No Date:
Requestor Notified By: Date:	Released to Requestor By: Date:	Cost to Requestor: \$
Reason Denied:		

Garden City Police Department
Email: recordsrequest@gardencitypolice.org

Phone: 208-472-2950
Fax: 208-472-2997

Committed to S.E.R.V.I.C.E

Safety, Excellence, Respect, Valor, Integrity, Community, Empathy