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:

☐ I wish to have copies of these records
☐ I wish to receive copies by (check one):
  o In person pick up
  o Mail
  o Fax

Do Not Write Below This Line – For Official Use Only

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

Garden City Police Department
Phone: 208-472-2950
Email: recordsrequest@gardencitypolice.org
Fax: 208-472-2997

Committed to S.E.R.V.I.C.E
Safety, Excellence, Respect, Valor, Integrity, Community, Empathy