



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), date(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 in Idaho Code § 74-120.	
Signature:	
I wish to have copies of these records, and receive copies by (check one): <input type="checkbox"/> In-person pick-up <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	

Do Not Write Below This Line – For Official Use Only

Received By:	Date Received:	Time 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
 301 E 50th Street, Garden City, ID 83714
 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