

**McCALL POLICE DEPARTMENT
PUBLIC RECORD REQUEST**

In order to best serve the public and to as expeditiously as possible process your request for public records, all requests to examine or copy public records MUST BE MADE IN WRITING. Please help us in this process by filling out this form completely. Be sure to print your name, address and telephone number so that we may respond to this request.

I request to: Examine Copy:

Accident Supplemental Report under DR# _____

Photographs under DR# _____ (copying cost dependent upon size and quantity requested.)

Police report(s) filed in the Records Division under DR# _____

Other: (Describe fully so that we can locate the record more quickly. Use dates of arrest or report, location, suspect's name or date of birth, or crime, etc. to help describe what you are requesting.)

NOTICE: Records released pursuant to this request are not warranted as to completeness or accuracy. The information provided represents the disclosable information available pursuant to Idaho Code Title 9, Chapter 3. Additional records from other sources may present a more accurate representation of a given situation.

NAME OF REQUESTING PERSON: _____

ADDRESS: _____

CITY/ZIP CODE: _____

DAY TELEPHONE NO.: _____

SIGNATURE: _____ DATE: _____

I acknowledge by my signature that the records sought by this request will not be used for a mailing list or telephone list as set forth in Idaho Code § 9-348.

(The Custodian of the Record will mail the response to the address given above.)

We will respond to this request within 3 business days, excluding mail delivery time unless additional time is required to locate or retrieve the records you have requested. The records will be provided within 10 days following the request. Business days are Monday-Friday 8:00 a.m. to 5:00 p.m. All requests received after normal business hours (excluding holidays) shall be deemed received the next business day.

THIS DOCUMENT IS A PUBLIC RECORD

_____ DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY _____

Received by: _____ Date: _____ Time: _____

Release: Appvd. Partial Denied NO RECORD FOUND

Signature: _____ Date: _____

Received by MPD Custodian: _____ (Initial)

Date Mailed/Released _____