

## **Boundary County Sheriff**

Phone: (208) 267-2412 Fax: (208) 267-3154 bcsocivil@boundarysheriff.org 7232 Main Street Bonners Ferry, ID 83805

REQUESTING PARTY									
Name	Phone								
Email Address									
Mailing Address									
Street Address	City		State	Zip Code					
REQUEST DETAILS									
Date Range									
Date of		Date of Incident							
Request		moderit							
Case Numbers or Keywords (Specify any case numbers	and/or keywo	ords to include in the request search	h. Separate keyw	ords with commas.)					
Additional Details (Please be very specific as to the information you are seeking.)									
ACKNOWLEDGEMENT									
NOTICE: Records released pursuant to this request are not warranted as to the completeness or accuracy. The information provided represents the information available for disclosure, pursuant to Idaho Code Title 9, Chapter 3. Additional records from other sources may present a more accurate representation of a given situation. We will respond to this request within three (3) business days.									
Signature:			Date:						
Printed Name:			Phone:						
Street Address	City		State	Zip Code					
Electronic Signature (If signing electronically you must co	⊥ omplete this a	acknowledgement)							
☐ I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624, Idaho Code.									

## DO NOT WRITE BELOW. FOR OFFICIAL USE ONLY

Recieved By:		Date:	Time:					
Approved:	Partial:	Denied:	No Record Found:					
Date Released:	How	Released:		Time Involved:				
Additional Costs Necessary? / ATM & Why?								