



PUBLIC RECORDS REQUEST FORM

Bonners Ferry Police Department

Phone: (208) 267-2412
Email: jjeske@bonnersferry.id.gov

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 Request	Date of Incident
Case Numbers or Keywords <i>(Specify any case numbers and/or keywords to include in the request search. Separate keywords with commas.)</i>	
Additional Details <i>(Please be very specific as to the information you are seeking.)</i>	

ACKNOWLEDGEMENT			
Pursuant to I.C. 74-102(10)(b), if the above request is for more than 100 pages or includes records from which non-public information must be deleted, or the request exceeds two person hours, a fee may be charged. We will respond to this request within three (3) business days. If the material requested is not available within the three business days, we will notify you in writing, Idaho Code § 74-103, that said records will be provided no later than ten (10) business days following the date of request.			
Signature:		Date:	
Printed Name:		Phone:	
Street Address	City	State	Zip Code
Electronic Signature <i>(If signing electronically you must complete this acknowledgement)</i>			
<input type="checkbox"/> I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624, Idaho Code.			