



PUBLIC RECORDS REQUEST FORM

Prosecuting Attorney
Oneida County
30 N 100 W

Phone: (208) 766-2201 - Fax: (208) 766-2202

REQUESTOR'S INFORMATION:

Full Name: _____

Address: _____

Phone: _____

Email: _____

REQUESTED DOCUMENTS: (describe and include date of record(s) or best estimate)

The County Attorney will respond to your request pursuant to applicable law [usually within three (3) business days]. The birth month and day for people whose names appear in the records have been removed pursuant to Idaho Code §74-105, 74-124(1)c), and/or 74-124(2), and 74-101(6) because production of this information would constitute an unwarranted invasion of personal privacy and could facilitate identity theft. You have the right to appeal the denial of any part of your request by petitioning the Sixth Judicial District Court of Idaho within 180 calendar days of this response pursuant to Idaho Code Title 74, Chapter 1.

RETURN REQUESTS TO: PROSECUTORS OFFICE, 30 N 100 W, MALAD, ID 83252
swhite@oneidaid.us

-----DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY-----

Date/Time Received:	County Attorney Reviewed: _____
	Approved: _____
	Denial Letter: _____
	10-Day Letter: _____
	No Records Found: _____
	Date Emailed/Mailed/Released: _____
	Number of Pages Released/Cost: _____