

ONEIDA COUNTY SHERIFF'S OFFICE
PUBLIC RECORDS REQUEST

Please return this completed form to: records@oneidasheriff.net or
Oneida County Sheriff's Office, Malad, ID 83252

All requests to copy or examine public records must be made in writing. Please help us in this process by filling out this form completely. Please PRINT your name, address and telephone number. Please use dates of the incident, meeting, decision, event, etc., to help describe what you are requesting. Records supplied may not be used for a mailing list or telephone list per Idaho Code 5 74-120. Note — advance payment of a fee will be required when it is estimated that more than two (2) hours of labor or more than one hundred (100) copies of paper records that are requested. Staff time after total time reaches 2 hours: = \$26.88/hour or \$.49/minute. Attorney time after total time reaches 2 hours: = \$41.43/hour or \$0.69/minute.

ALL REQUESTS WILL BE RETURNED BY EMAIL, UNLESS SPECIAL CIRCUMSTANCES EXIST.

REQUESTOR'S INFORMATION: (please print clearly)

Date of Request: _____
Name of Requesting Person: _____
Address of Requesting Person: _____
City/State/Zip Code: _____
Email Address: _____
Daytime Telephone No.: _____ Fax No.: _____

REQUESTED DOCUMENTS: Please provide as much specific details as possible so our agency can identify the information you are seeking.

The Sheriff's Office 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 55 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 Seventh Judicial District Court of Idaho within 180 calendar days of this response pursuant to Idaho Code Title 74, Chapter 1.

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

Attorney Reviewed: _____ Number of Pages Released: _____ Cost: \$ _____

☐ Approved: _____ ☐ Denial Letter: _____ ☐ 10-Day Letter: _____ ☐ No Records Found

Date complete: _____ ☐ Email Special Circumstance Return: ☐ Mail ☐ Personal Service