



Kimberly - Hansen Police Department

242 HWY 30
Kimberly, Id 83341
(208) 423-4151
Fax# (208) 423-5649

PUBLIC RECORDS REQUEST

All records maintained by the Kimberly – Hansen Police Department are public records. Some public records are exempt from disclosure under Idaho codes 9-335 through 9-348. **All requests must be made in writing using this form.** The Chief of Police after consulting with the city attorney or records clerk has the final authority on whether documents are to be released. Idaho law provides more than three (3) days to locate or retrieve the request but a response shall be provided within ten (10) working days of the request. **Some or all records may be sent to the city attorney for redaction and fees shall be collected prior to sending any records to the city attorney. Costs are incurred for such things as clerical time in excess of two hours or more than one hundred (100) copied pages.** Business days are Monday, Wednesday and Friday 8:30 am - 3:00 pm.

PLEASE PRINT CLEARLY

Date of the Request: _____

Name of the Requestor: _____ Phone #: _____

Mailing Address: _____

(If applies) Insurance Company: _____

I will pick these records up.

I am requesting hard copies of these records to be mailed out.

Mailing Address: _____

I would like these records emailed to me at:

Email Address: _____

I would like these records on a cd/disc/thumb drive (*this must be provided by you, new in the package*)

Type of Report: Accident Report Criminal Traffic Calls for Service

Date of Incident Occurred: _____ Case# (if any): _____

Names Involved: _____

Details: _____

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

Requestors Signature

Date

Do not write below this line

Taken By: _____ Date: _____ Time: _____

Employee Processing Request: _____ Date Received: _____

Date Completed: _____ Fees Collected: _____ Number of Pages: _____

Response:

Emailed Mailed **No Records Found**

Picked up On cd/disc/thumb drive

Records Received By: _____ Date: _____

DENIED Reason: _____