

REQUEST TO EXAMINE/COPY PUBLIC RECORDS

TO: Records Custodian, Southern Idaho Regional Communications Center

DATE: _____

I hereby request, pursuant to Idaho Code § 74-102, to examine and/or receive copies of the following public records (be as specific as possible – include known dates, addresses, times, etc.; note that audio recordings and/or hard copies of incident logs may be requested):

- These records specifically pertain to myself.
- I wish to merely examine these records.
- I wish copies of these records.

REQUESTOR'S INFORMATION:

Printed name: _____

Address: _____
Street City, State Zip

Email Address: _____

Telephone number: _____

SIGNATURE: _____

I acknowledge by my signature that the records sought by this request will not be used for a mailing list or telephone list as set forth in Idaho Code § 74-120. I further understand there may be costs associated with this request.

Submit this form via mail, email or fax to:

SIRCOMM
911 E Avenue H
Jerome, Idaho 83338

email: requests@sircomm.com
fax: (208) 324-1443