

IDAHO DEPARTMENT OF JUVENILE CORRECTIONS

REQUEST FOR PUBLIC RECORDS

In order to best serve the public and to process your request for public records as soon as possible, all requests to examine or copy public records **MUST BE MADE IN WRITING**. Please help us in this process by filling out this form completely. Be sure to print your name, contact information, and preferred method of delivery of the record.

I request ☐ to examine the following record(s); or,
☐ a copy of the following record(s); or,
☐ a certified copy of the following record(s).

I request that the record be delivered by: ☐ mail, ☐ facsimile, ☐ e-mail or ☐ self pick-up.

Please Note: If the request consists of 100 pages or more, there will be a 10¢ charge for each page in excess of 100. If the request requires more than 2 person hours to retrieve, there will be a charge for any additional time thereafter according to Title 74, Chapter 1, Idaho Code. Payment is required in advance.

Date of Request: _____

Name: _____

Company (if applicable): _____

Mailing Address: _____

City State Zip+4

E-Mail Address: _____

Daytime Telephone Number: _____ Fax Number: _____

Detailed Description of the RECORD REQUESTED – Please be very specific

Return form to Idaho Department of Juvenile Corrections, 954 W. Jefferson, P.O. Box 83720, Boise, ID 83720-0285, or fax to (208) 334-5120.

The Department will notify you in writing if we are unable to respond to your request within three (3) working days.

Department Use Only

Date Received _____ Received by _____

Date Delivered _____ ☐ mailed ☐ faxed ☐ email ☐ walked in

Amount due for one copy each of _____ documents _____

Amount Received _____ Receipt Number _____