

# Power County Sheriff Office

## Report Request Form

Pursuant to Idaho State Code § 9-338(10) all requests made are subject to a copy and/or processing fee which may be required prior to processing of records(s).

Accident report by: Case # \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Incident report by: Case # \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Arrest report by: Case # \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Other report: \_\_\_\_\_

Request (if available): Report only: \_\_\_\_\_ Statements: \_\_\_\_\_ Pictures: \_\_\_\_\_ Video: \_\_\_\_\_

How would you like to receive your report? Pick up: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Mail: \_\_\_\_\_

Name of person making request: (print) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

(If report is done and submitted for approval, allow 3 to 10 business days for notification/delivery.)

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### For Office Use

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date of notification or mailed: \_\_\_\_\_ by: \_\_\_\_\_

Payment received for \_\_\_\_\_ copy(s). CD/DVD \_\_\_\_\_ Postage \_\_\_\_\_ \$Total \_\_\_\_\_

Payment Receipt #: \_\_\_\_\_ by: \_\_\_\_\_