

LEWISTON POLICE DEPARTMENT PUBLIC RECORDS REQUEST FORM

LPD USE ONLY

LPD Case # _____ Type of Incident: _____ Investigation Pending: Yes No
LPD Employee Taking Request: _____ Date of Request: _____ Time Request Submitted: _____

REQUESTOR

Name: _____
Mailing Address: _____
City State Zip Code
Phone Number: _____
Description of Request: _____

Method of Delivery: E-mail Request: _____
 Fax Request: _____
 Mail Request
 Call for Pick-up

INVOLVED PERSON OR BUSINESS

Check here if same as requestor.

Name: _____ Date of Birth: _____

*Records are given as of the time the request is submitted. Please note that supplemental police reports may be filed subsequent to a records request, and an additional public records request must be submitted for such reports. We will respond to this request pursuant to applicable law, but usually within three (3) business days. Business days are Monday through Friday, 9:00 a.m. to 5:00 p.m., excluding holidays. All requests received after normal business hours (excluding holidays) shall be deemed received the next business day.

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, or for discovery purposes, as set forth in Idaho Code § 74-115.

Signature: _____ Date: _____

Approved for Release by: _____ Date: _____

OR

Forwarded to: City Attorney Nez Perce County Prosecutor

Date: _____ Time Forwarded for Review: _____ Initials: _____

CITY ATTORNEY OR NEZ PERCE COUNTY PROSECUTOR USE

Reviewed By: _____

City Attorney
 Nez Perce County Prosecutor

Date Request Reviewed: _____

Date Returned to LPD: _____

Notes: _____

