



Lincoln County Sheriff's Office Records Request Form

1. The following information is required:

- a. Date of this request: _____ Telephone: _____ Email address: _____
- b. Requester's full name: (please print): _____
- c. Mailing address (include city, state, and zip code): _____

2. I am requesting the following information (make sure your handwriting can be read):

- a. Subject matter and records sought (describe in specific detail- include date range, case number, etc.): _____

b. If the records are about a specific individual, please include the following information:

- i. Individual's full name: _____
- ii. Individual's date of birth: _____
- iii. Individual's address (include city, state, and zip code): _____

3. I want to receive the records: ___ electronically via email; ___ via U.S. Mail; ___ Storage media (please provide); ___ Pick-up .

4. If the department will not be able to complete the request within three (3) days, you will be notified via your email address.

5. _____

Requester's Signature

Note: If the records requested are for a specific individual, complete the following:

Notary:

I, _____ being a Notary Public, do hereby certify that on this _____ day of _____, 20____, the above individual, having been first duly sworn, appeared before me and signed the foregoing document.

S E A L

Signature of Notary Public
Notary Public residing at
My commission expires on

6. Department Use Only (If records are exempt from disclosure, or there are necessary redactions- please have legal review)

- a. Form complete: _____
- b. ID provided: _____
- c. Send to legal for review: _____ Date: _____
- d. Date records provided: _____

Send Completed Form by one of the following methods:

Primary email: dbethune@lincolncountyid.gov

Or fax to: 208-886-2851

Or mail to: Lincoln County Sheriff's Office, 115 W A St., Shoshone, ID, 83352