Caldwell Police Department

110 South 5th Ave., Caldwell, ID 83605 * T) 208-455-3115 * F) 208-455-3122
cpdrecords@cityofcaldwell.org

REQUEST FOR PUBLIC RECORDS
Pursuant to Idaho Public Records Act, Idaho Code § 74-101 et seq.

Please complete all applicable sections of this form and submit form to the Records Bureau either via email (cpdrecords@cityofcaldwell.org), via in-person delivery or US Mail to address list above.

1. Requestor Information

Full Name: _____
Organization (if applicable): _____
Name of client/insured (if applicable): _____
☐ ***attach Identification, Authorization, Release****
Mailing Address: _____
City/State/Zip: _____
Phone Number: _____
Email Address: _____

Note: Identification is not required. However, if you are requesting records about yourself and/or your minor child, ward, or other person for whom you serve as legal representative, you may be entitled to certain private information about yourself or that other person that would otherwise be redacted from the public review unless we are able to verify your identity.

2. Record(s) Requested

Please describe the record(s) you are requesting as specifically as possible. Include details such as dates, case numbers, locations, names, or incident types if known.

Date Range: From: _____ to _____.

Description of Records:

_____
_____
_____

☐ Police incident report
☐ Call for service log
☐ Traffic accident report
☐ Body camera footage
☐ Photographs
☐ Other: _____

3. Format Requested

☐ Electronic copies (email or digital media)

☐ Printed copies

☐ Inspection only (review on-site)

4. Delivery Method

☐ Email

☐ US Mail

☐ In-Person Pick up

5. Fees

The Idaho Public Records Act allows agencies to charge reasonable fees for copies, postage, and staff time exceeding two (2) hours.

An estimate of fees will be provided before processing if costs are anticipated.

☐ I request a fee estimate before processing.

☐ I agree to pay costs up to $_____ without prior notice.

6. Sworn Statement of Residency (Idaho Code § 74-102(10))

I, _____, hereby certify (or declare) under penalty of perjury pursuant to the law of the State of Idaho that the following is true and correct:

☐ I am a resident of the state of Idaho, residing at the address listed above.

☐ I am not a resident of Idaho but am making this request on behalf of an Idaho resident named:

_____ (Name of Idaho resident)

7. Certification of Purpose

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 for in Idaho Code § 74-120.

Signature: _____ **Date:** _____

--This Section for Official Department Use Only--		
DSMain #_____		
Received by: _____	Date: _____	Time: _____
Due Date: _____	Ext. Sent: _____	Date Complete: _____
Action Taken: ☐ Provided ☐ Denied ☐ Partial ☐ Referred	Fees Charged: $_____	