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 _____, 2023, 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.us
Or fax to: 208-886-2851
Or mail to: Lincoln County Sheriff's Office, 115 W A St., Shoshone, ID, 83352