



KOOTENAI COUNTY FIRE & RESCUE

Request for Public Record

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Telephone: () _____ FAX: () _____

E-mail Address: _____

Business Name: _____

Date Requested: _____

Incident Number: _____

RECORDS REQUESTED

Incident Date: _____ Type of Call: _____

Incident Address: _____ Incident City: _____

Person(s) Involved: _____ Minors? _____

Records Requested: _____ Med. Release? _____

CERTIFICATION

I hereby request, pursuant to Idaho Code 9-338, to examine and/or copy the above records. Under penalty of perjury, I hereby certify that I will not be using, nor will I allow to be used in any form or manner, the records, documents, or lists obtained from Kootenai County Fire & Rescue as a mailing or telephone number list for any purpose, including soliciting, market research, etc., in accordance with Idaho Code 9-348.

Signature: _____ Date: _____

Office Use Only

The above requested information was provided via _____.

Date completed: _____ By: _____

