State of Idaho
DEPARTMENT OF INSURANCE

C.L. "BUTCH" OTER
Governor

700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250 FAX # (208)334-4398
http://www.doi.idaho.gov

DEAN L. CAMERON
Director

Department Use Only

Date Received _____

Received By _____

☐Mail ☐Faxed ☐Walked-in

Payment received for one (1) copy each _____ documents and labor of _____ (if applicable).

Amount Received _____

Receipt Number _____

REQUEST FOR PUBLIC RECORDS

I request: ☐to examine and/or copy the following record(s); or,

☐a certified copy of the following records(s)

_____

_____

_____

PLEASE PRINT

Date of Request: _____ Telephone No.: (_____)_____

Name: _____

Address: _____

_____

City State Zip Code

Return form to: Idaho Department of Insurance; 700 W. State St., 3rd Floor; P.O. Box 83720; Boise, ID 83720-0043

If applicable, to be completed by the Custodian:

More than three (3) working days are needed to copy or retrieve the above requested records. The records will be provided within ten (10) working days of the request.

Custodian's initials _____

FURTHER DESCRIPTIVE INFORMATION:

EXHIBIT A