

State of Idaho
DEPARTMENT OF INSURANCE

C.L. "BUTCH" OTTER
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

REQUEST FOR PUBLIC RECORDS

I request: to examine and/or copy the following record(s); or,
 a certified copy of the following records(s)

<i>Department Use Only</i>
Date Received _____
Received By _____
<input type="checkbox"/> Mail <input type="checkbox"/> Faxed <input type="checkbox"/> Walked-in
Payment received for one (1) copy each _____ documents and labor of _____ (if applicable).
Amount Received _____
Receipt Number _____

PLEASE PRINT		
Date of Request: _____ Telephone No.: (____) _____		
Name: _____		
Address: _____		
_____	_____	_____
City	State	Zip Code
Return form to: Idaho Department of Insurance; 700 W. State St., 3 rd 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: