State of Idaho **DEPARTMENT OF INSURANCE**

BRAD LITTLE
Governor

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Department Use Only

Director

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request: □ to examine and/or copy the following record(s); or, □ a certified copy of the following records(s)	☐ Mail ☐ Faxed ☐ Walked-in	
	Payment received for one (1) copy each documents and labor of (if applicable).	
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PLEASE PRINT		
Date of Request: Telephone No.: ()	
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If applicable, to be completed by the Custodian:		
More than three (3) working days are needed to copy or retrieve The records will be provided within ten (10) working days of the	•	
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