

*State of Idaho*  
**DEPARTMENT OF INSURANCE**

C.L. "BUTCH" OTTER  
Governor

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Phone (208) 334-4250 Fax (208) 334-4298  
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WILLIAM W. DEAL  
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)

**FURTHER DESCRIPTIVE INFORMATION:**

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<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 _____

<p><i>PLEASE PRINT</i></p> <p>Date of Request: _____ Telephone No.: _(____)_____</p> <p>Name: _____</p> <p>Address: _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">city state zip</p> <p>Return form to: Idaho Department of Insurance 700 W. State St. 3<sup>rd</sup> Floor; P.O. Box 83720; Boise, ID 83720-0043</p>
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<p>If applicable, to be completed by the Custodian:</p> <p>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.</p> <p style="text-align: center;">Custodian's initials _____</p>
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