State of Idaho DEPARTMENT OF INSURANCE

BRAD LITTLE Governor 700 West State Street, 3rd Floor P.O. Box 83720 Boise, Idaho 83720-0043 Phone (208)334-4250 FAX # (208)334-4398 https://doi.idaho.gov DEAN L. CAMERON Director

Department Use Only				
Date Received				
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Payment received for one (1) copy each documents and labor of (if applicable).				
Amount Received				
Receipt Number				

REQUEST FOR PUBLIC RECORDS

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

 $\hfill\square$ a certified copy of the following records(s)

PLEASE PRINT			
Date of Request:		_ Telephone No.: ()
Name:			
Address:			
City	,	State	Zip Code
Return form to: Ida	ho Department of Insu	rance; 700 W. State St., 83720-0043	3 rd Floor; P.O. Box 83720; Boise, ID

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: