

REQUEST FOR RECORDS

Note: Utah Code § 63G-2-204 (GRAMA) requires a person making a records request furnish the governmental entity with a written request containing the requester's name, mailing address, daytime telephone number (if available); and a description of the record requested that identifies the record with reasonable specificity.

| RECORD REQUESTED / C | ASE NUMBER: | | |
|--|--|---|--|
| | PRINT FULL NAME): | | |
| MAILING ADDRESS: | | | _ |
| DAY TIME PHONE: | | | _ |
| I.D. / LICENSE NUMBER: | | STATE: | |
| (ONLY PHOTO IDENTIFIC | • | | |
| REQUEST DATE: | | | |
| REASON FOR REQUEST / | REPRESENTING: | | |
| WHAT IS YOUR INVOLVE | MENT: | | |
| MAKE ME SUBJECT TO C | | UPPLYING FALSE INFORM | RMATION PLACED ON THIS REQUEST MAY MATION TO A POLICE AGENCY AS WELL AS |
| Reports / In | ordance with the Heber Police of cidents <mark>\$10.00</mark> per report up to Copying Fee <mark>\$30.00</mark> Body | 50 pages and .20 cents | per page after 50 pages. |
| If the request requires a will be billed at actual w additional faxed page. Department. | n excessive amount of time to age & benefit cost, plus .20 cer Payment can be made by chec | research and prepare conts per copy and \$2.00 pck or cash only. Please m | ppies, the charge for the requested record er fax for first page, plus \$1.00 for each take checks payable to: Heber City Police |
| | | |) business days after signing this request I |
| | | | stand that photo identification will be |
| • | ord is released to me. After a re rision for thirty (30) days, after | | red it will be held by the Heber Police |
| Department Records div | ision for tillity (50) days, after | that time the copy will t | de destroyed. |
| | maintained by the Heber Police accordance with the Governm | | |
| SIGNATURE OF REQUEST | ΓER: | | |
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| | n may be turned into the Recor | • | · · · · · · · · · · · · · · · · · · · |
| GRAMA@ci.heber.ut.us I | Please direct any additional rec | ord request questions to | Tammy Mair at 435-657-7911. |
| | Fan Danastas aut Han | Ook De Net Weles | to able work |
| - | For Department Use | | in this Area |
| I.D | PAID \$ | Date | |
| Report(s) to be: Ma | ailed to above location | Will pick up | Date |
| Reviewed by: | | Authorized release by: | |
| Request Denied | (Restricted by & Reason | n) | |
| | | | |