REQUEST FOR RECORDS

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

RECORD REQUESTED/CASE NUMBER: _______________________________________________

REQUESTED BY (PLEASE PRINT FULL NAME): _________________________________________

DESIRED FORMAT:

- Printed copy in person
- Printed copy mailed to this address _______________________________________________
- Fax # _______________________________________
- Email _______________________________________

REASON FOR REQUEST/REPRESENTING: _____________________________________________

I understand that I am responsible for the applicable fees:

- Reports $10.00 per report up to 50 pages and .25 cents per page after 50 pages.
- Photos / Audio / Video $30.00

If a report requires an excessive amount of time to research and prepare copies, the charge for the requested report will be billed at a rate of $15.00 per hour, plus .25 cents per copy and $2.00 per fax for first page, plus $1.00 for each additional faxed page. Payment can be made by check or cash only. Please make checks payable to: Wasatch County Sheriff.

I understand that as soon as reasonably possible, but not later than ten (10) business days after signing this request, I will be notified whether my request was approved or denied. I also understand that photo identification will be required before the record is released to me. After a requested report is prepared it will be held by the Wasatch County Sheriff’s Office for thirty (30) days, after that time the copy will be destroyed.

The majority of records maintained by the Wasatch County Sheriff’s Office are classified as private, protected, controlled, or exempt, in accordance with the Government Records Access and Management Act.

SIGNATURE OF REQUESTER: ______________________________________________________

FOR DEPARTMENT USE ONLY- DO NOT WRITE IN THIS AREA

- Approved by: ___________________________ Date: ________________________
- Denied by: ___________________________ Date: ________________________

Reason for denial: __________________________________________________________________