

# Tremonton Police Record Request

**I.**

Requestor's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**II.** In accordance with the Government Records Access Management Act, I am requesting

to inspect  a copy of

Type of Record Requested: \_\_\_\_\_

Case or Incident Number: \_\_\_\_\_

**If case or incident number is unknown, provide the following –**

Type of Case: \_\_\_\_\_

Date & Time Occurred: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

People Involved: \_\_\_\_\_

I understand that in accordance with Tremonton City Consolidated Fee Schedule, I am responsible for the following charges:

Reports	\$10.00	minimum for up to 10 pages
	\$.25	for each additional page
Photos/CD	\$20.00	minimum for up to 5 photos (4x5)
	\$ 2.00	for each additional photo
Audio/Video	\$20.00	minimum for tape and 1 hour of dubbing
	\$10.00	for each additional hour of dubbing

**III.** The majority of records maintained by the police department are classified as private, protected, controlled or exempt, in accordance with the Government Records Access and Management Act.

Explain the purpose of your request and your involvement in the record:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Classification of Requested Record: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Protected <input type="checkbox"/> Controlled <input type="checkbox"/> Exempt	Request for record was: <input type="checkbox"/> Accepted <input type="checkbox"/> Sent to City Attorney for review Date sent: _____ Date returned: _____ <input type="checkbox"/> Denied (If you request was denied, see back of form)	<input type="checkbox"/> ID Checked Clerks Initials and Date:
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Your request has been denied for the following reason(s):

- Private in accordance with UCA 63-3-302.(2)
- Protected in accordance with UCA 63-2-304
- Controlled in accordance with UCA 63-2-303
- Exempt in accordance with UCA 41-6-40

You have the right to appeal the decision. The appeal must be filed with the City Manager's office within 30 days of this notice. A notice of decision will be provided to you within five business days.

Do you wish to appeal the decision at this time?

Yes

No

If you marked yes, indicate below what relief you are seeking. You may also include any supporting information with your notice of appeal.

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Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_