

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 / CASE NUMBER:	
REQUESTED BY (PLEASE PRINT FULL NAME):	
MAILING ADDRESS:	
MAILING ADDRESS: DAY TIME PHONE: EMAIL:	
I.D. / LICENSE NUMBER:	STATE:
(ONLY PHOTO IDENTIFICATION ACCEPTED)	
REQUEST DATE:	
REASON FOR REQUEST / REPRESENTING:	
WHAT IS YOUR INVOLVEMENT:	
AS THE UNDERSIGNED, I UNDERSTAND THAT ANY FALSE	OR MISLEADING INFORMATION PLACED ON THIS REQUEST MAY PPLYING FALSE INFORMATION TO A POLICE AGENCY AS WELL AS
 I understand that in accordance with the Heber Police De Reports / Incidents \$10.00 per report up to 5 Multi Media Copying Fee \$30.00 Body / 	0 pages and .20 cents per page after 50 pages.
will be billed at actual wage & benefit cost, plus .20 cents additional faxed page. Payment can be made by check, <i>Police Department</i> .	search and prepare copies, the charge for the requested record sper copy and \$2.00 per fax for first page, plus \$1.00 for each credit card or cash. Please make checks payable to: Heber City
	t no later than ten (10) business days after signing this request I
	approved. I also understand that photo identification will be
Department Records division for thirty (30) days, after th	uested report is prepared it will be held by the Heber Police
Department Records division for thirty (50) days, after th	at time the copy will be destroyed.
The majority of records maintained by the Heber Police Department are classified as private, protected, Controlled or exempt, in accordance with the Government Records Access and Management Act.	
SIGNATURE OF REQUESTER:	···············
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The GRAMA request form may be turned into the Records GRAMA@heberut.gov	Division personally or you may email the request to
GNAMA@Neberut.gov	
For Department Use Only-Do Not Write In this Area	
I.D PAID \$	Date
Report(s) to be: Mailed to above location	Will pick up Date
Reviewed by:	Authorized release by:
Request Denied: (Restricted by & Reason)	