

# Price City Police Department Government Records Request Form

Name of Subject of Record: \_\_\_\_\_ DOB: \_\_\_\_\_

Description of records sought (records must be described with reasonable specificity):

I would like to inspect (view) the records.

I would like to receive a copy of the records. I understand I may be responsible for fees associated with copying charges or research charges as permitted by UCA 63G-2-203. I authorize costs of up to \$ \_\_\_\_\_

I authorize release of the above requested police report(s) to \_\_\_\_\_

Based on UCA 63G-2-203 (4), I am requesting a waiver of copying costs because:

Releasing the record primarily benefits the public rather than a person.

Please explain:

My legal rights are directly affected by the record and I am impoverished.

(Please attach information supporting your request for a waiver of the fees.)

If the requested records are not public, please explain why you believe you are entitled to access.

I am the subject of the record.

I am the person who provided the information.

I am authorized to have access by the subject of the record or by the person who submitted the information. (Documentation required by UCA 63G-2-202, is attached.)

I am the authorized representative of the subject of the record.

Other; please explain

**Requester's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Daytime Telephone Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Identification:** \_\_\_\_\_

\*\*\*\*\*

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chief or Captain**

**Declined** \_\_\_\_\_ **Reason** \_\_\_\_\_