

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: _____

E-mail Address: _____

Daytime Telephone Number: _____ **Date:** _____

Signature: _____ **DL#** _____

Approved by: _____ **Date:** _____

Chief or Captain

Declined _____ **Reason** _____