



SOUTH JORDAN CITY POLICE DEPARTMENT
G.R.A.M.A. RECORDS REQUEST

Date: _____ Case #: _____

Requestor's Name: _____ Daytime Telephone: _____

Address: _____
Street City State Zip

In accordance with the Government Records Access Management Act, I am requesting to [] View [] Receive Copy of the following record(s) specifically described:

(If additional space is needed, please attach a separate sheet)

Which I believe were collected, filed and/or used by the following:

South Jordan Police Department
1600 West Towne Center Drive
South Jordan City, Utah 84095
(801) 254-4708

If requested records are not public, 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 63-2-202 is attached)
Other (Explain)

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS REQUEST

Your request for records will be processed in accordance with the requirements of the Government Records Access Management Act (GRAMA), 63-2-201, U.C.A. Your request will be handled as soon as reasonably possible, but may take up to (10) ten business days to be granted.

The records that may be provided to you, subsequent to your request, may contain information that is classified as "Protected", and will be edited in accordance with GRAMA and may only be disclosed under certain circumstances, 63-2-202 (U.C.A.)

I understand that there is no charge to view a record.

If I have asked to have records copied, I agree to pay a reasonable fee, in advance if required, to cover the Police Department's actual cost of compiling and duplicating the records, presently the charge is \$27.00 and \$25.00 per hour research. (Additional cost for photos (\$42.00), if applicable.)

Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY - DO NOT WRITE IN THIS AREA

Approved by: _____ Date: _____
ID Paid \$ /or Fee Waived By: _____ Date: _____
Report(s) Released: Mailed In Person By: _____ Date: _____

Denied By & Reason:

Denial Letter Mailed: _____