

**St George Police Department**  
**GOVERNMENTAL ENTITY RECORDS SHARING REQUESTOR'S STATEMENT**  
(Utah Code Ann. 63G-2-206)

This document is to be completed by each individual representing a governmental entity who request protected documents.

**1. POSITION:** I certify I am a \_\_\_\_\_ with \_\_\_\_\_ Entity.  
Which is a governmental entity that (check all that apply):

- (a) serves as a repository or archives for purpose of historical preservation administrative maintenance or destruction:
- (b) enforces, litigates or investigates civil, criminal, or administrative law, and the record is necessary to a proceeding or investigation;
- (c) is authorized by state statute to conduct an audit and the record is necessary for that purpose; or
- (d) is one that collects information for presentence, probation, or parole purposes. (see U.C.A. 63-2-206)

**2. REQUESTING PARTY INFORMATION:** Name and address of person requesting documents: (PLEASE PRINT)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ e-mail \_\_\_\_\_

**3. REQUESTED Documents:** (PLEASE PRINT)

**4. IDENTIFICATION:** Government issued picture identification is required for Private, Protected or Controlled records per UCA 63G-2-202(6). **OR, you may have your signature notarized to fulfill this requirement.**

**5. PENALTY FOR UNLAWFUL DISCLOSURE:** I understand that making a false statement on this disclosure document is punishable by law. I also understand that disclosing this record outside of the bounds of record sharing between governmental entities as outlined in GRAMA (U.C.A. 63G2-206) is punishable by law.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**6. NOTARY:** State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_ 20\_\_ the signer personally appeared before me (*notary public - please print*), \_\_\_\_\_ and being personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed in the foregoing document and acknowledge before me that he/she signed it voluntarily for its stated purpose.

\_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public