

Utah Government Records Request Form

To: St George Police Department – 265 N 200 E, St George, UT 84770
Office 435-627-4301, Fax 435-627-4375, E-mail records@sgcity.org.

Note: Many law enforcement records are restricted access. If the record has a restricted access, GRAMA provides that certain individuals may still receive access. In some cases, records may be released to the subjects of the record. Even if you are not the subject of the record, partial access may be granted depending on circumstances. Providing specific information about yourself and your relation to the records will speed the process and assure that you receive full legal access to the records:

Description of records sought - Records must be described with reasonable specificity UCA 63G-2-204:

Who's involved: _____

Nature of Incident: _____ Incident # if known: _____

Date of Incident: _____ Location: _____

What are you requesting? _____

I would like to receive copies of the records. I understand that I will be responsible for copy costs. I authorize costs of up to \$ _____. I further understand that SGPD will contact me if estimated costs are greater than the amount I have specified, and that SGPD will not respond to a request for copies if I have not authorized adequate costs.

If applicable, check one of the following and attach necessary documentation.

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. (Provide original notarized documentation – within the last 90 days per UCA 63G-2-202(1)(a)(iv)(b))

I am requesting expedited response as permitted by UCA 63G-2-204 (4)(b). (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or other information that demonstrates that you are entitled to expedited response.)

I am requesting a fee waiver as permitted by UCA 63G-2-203 (4)(c) the requester's legal rights are directly implicated by the information in the record, and the requester is impecunious. (provide documentation).

Requestor's information:*

Print Your Name: _____

Mailing address: _____

City, State, Zip Code: _____

Daytime Telephone Number: _____

Signature: _____ Date: _____

Email Address: _____

*Government issued picture identification is required for Private, Protected or Controlled records per UCA 63G-2-202 (6).

*Please be advised that the St George Police Department has up to TEN business days to fill this request, per State Code UCA 63G-2-204.

For Agency Use Only

Date request received if not stamped on front: _____

Initial time limit for response: [] 5 days
[] 10 days

Classification:

- ___ Private
- ___ Controlled
- ___ Protected
- ___ Public
- ___ Access is governed by a law other than GRAMA
- ___ Requested document is not a "record" under GRAMA

Is access authorized? (Complete this section if records are private, controlled or protected).

- Private: ___ Requestor is the subject of the record.
 ___ Requestor is other person authorized by UCA 63G-2-202(1) and has supplied
 required documentation.
- Controlled: ___ Requestor is a physician, psychologist or certified social worker, has
 supplied required documentation. UCA 63G-2-202(2).
- Protected: ___ Requestor is person who submitted record.
 ___ Requestor is other person authorized by UCA 63G-2-202(4) and has supplied required
 documentation.
 ___ Requestor is not entitled to access.

How was identification verified?

Type of Picture ID _____ # _____ State _____ Exp _____

DOB _____ NAME: _____

Response to request: (See UCA 63G-2-204)

- ___ Approved. Requestor notified on _____
- ___ Denied. Written denial sent on _____
- ___ Requestor notified agency does not maintain record, and if known, was also notified of name
and address
of agency that does maintain record on.
- ___ Extension of time claimed for extraordinary circumstances. Required notice sent

Copy fees: Amount \$: _____ or, if waived, waiver approved by _____

Signature: _____ Receipt # _____

Date request completed: _____