



CENTERVILLE POLICE DEPARTMENT GRAMA - Records Request Form

To: Centerville Police Department
Address: 250 North Main Street, Centerville, Utah 84014

Description of records requested: (Be as specific as possible; case number if known, type of records, briefly describe what happened, dates, etc.)

Name of requester: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number where requestor can be reached: _____

Check all that are applicable:

- I would like to review/inspect the records.
- 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 understand that prepayment of copies over \$50.00 may be required and that I will be contacted if estimated costs are greater than the above specified amount. *(Regular police reports are \$5.00, photos on disk are \$10.00, videos are \$25.00)*
- I would like to receive copies of the records and request a waiver of costs under UCA 63G-2-203(3). Supporting documentation is attached. (You must provide documentation)

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

- I am the subject of the record. (Photo ID required)
- I am the person who submitted the record (Photo ID required)
- I am authorized to access the record by the subject of the record. (Consent for Release Form attached).
- Other. Please explain. _____

I am requesting expedited response as permitted by UCA 63G-2-204(3)(b). (Please attach information showing 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 demonstrating entitlement to an expedited response.)

Signature: _____ Date: _____

Office Use Only:

Denied or
Approved: _____ Date: _____