

Tremonton Police Record Request

I.

Requestor's Name _____ Daytime Phone _____

Address _____ City _____ State _____ Zip _____

II. In accordance with the Government Records Access Management Act, I am requesting

to inspect a copy of

Type of Record Requested: _____

Case or Incident Number: _____

If case or incident number is unknown, provide the following –

Type of Case: _____

Date & Time Occurred: _____

Location of Occurrence: _____

People Involved: _____

I understand that in accordance with Tremonton City Consolidated Fee Schedule, I am responsible for the following charges:

Reports	\$ 5.00	minimum for up to 10 pages
	\$.25	for each additional page
Photos/CD	\$10.00	minimum for up to 5 photos (4x5)
	\$ 2.00	for each additional photo
Audio/Video	\$20.00	minimum for tape and 1 hour of dubbing
	\$10.00	for each additional hour of dubbing

III. The majority of records maintained by the police department are classified as private, protected, controlled or exempt, in accordance with the Government Records Access and Management Act.

Explain the purpose of your request and your involvement in the record:

Signature _____ Date _____

Office Use Only

Classification of Requested Record: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Protected <input type="checkbox"/> Controlled <input type="checkbox"/> Exempt	Request for record was: <input type="checkbox"/> Accepted <input type="checkbox"/> Sent to City Attorney for review Date sent: _____ Date returned: _____ <input type="checkbox"/> Denied (If you request was denied, see back of form)	<input type="checkbox"/> ID Checked Clerks Initials and Date:
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