BRIGHAM CITY POLICE DEPARTMENT RECORDS REQUEST

Date Re	ceived:
//_	by:

Date of Request:	OFFICE USE ~ Receipt #:		Total Amount:	
Requester's Name:	Date of Birth:/			
Address:				
Street	City	State	Zip	
Home Phone: ()	Cell Phone: ()			
Identification # & Type (Must be a valid government)	nent issued I.D.)		Exp:	
Description of Record(s) Requested		$\overline{}$		
Date & Location of Occurrence:		Event	#: #:	
Requester's Company, Agency or Business A	Affiliation (If applicable):		#:	
Name & Date of Birth of Person Involved (If	different from the reque	ster):		
Name	DOB	_/		
Requester's Relationship to Subject of Recor	d:			
PLEASE READ THE FOLLO	OWING BEFORE SIGNING	THIS REQUEST		
Your request for records will be processed in accordance Management Act (GRAMA), 63-2-101, Utah Code An possible, but may take up to ten (10) business days, and Police.	notated. Your request will be	e processed as so	on as reasonably	
The records that may be provided to you, subsequent to "protected", "private", or "controlled", and may only b 302 and 63G-2-303.				
Understand that Brigham City Police Department has a denial of the request. If this request is denied you have				
You agree to pay a fee of \$10.00 per report or request a	and any other fees as permitte	d by UCA 63-2-	203.	
Signature:	D	ate:		
FOR DEPARTMENT USE ONLY – DO NOT WRITE IN THIS AREA				
Approved Authorized by:	Date:			
Denied By:	Date: Date:			

Reason for denial: See reverse side of this form.