

Enoch City Police Department
900 E Midvalley Rd.
Enoch City, Utah 84720
Phone: (435) 586-1119 Fax (435) 586-8171

GRAMA Request for records form

My Name is: _____

My Address is: _____

City, State, Zip code: _____

My daytime telephone number is: _____

Description of records sought (records must be described with reasonable specificity):

Accident Report \$5.00 Incident Report \$10.00

- I would like to inspect the records.
- I would like to receive copies of the records.
- I understand that I will be responsible for copies or other costs up to \$_____. I further understand that the agency will not respond to a request for copies if I have not authorized adequate costs.
- I request a waiver of copy costs. (Please attach information supporting request; see U.C.A. 63-2-203(3) for a list of situations under which an agency is encouraged to provide copies without charge.)

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

- I am the subject of the record.
- I am not the subject of the record. Check appropriate box below:
 - 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. Attach signed third-party consent form.
 - Other, Explain
 - I am requesting expedited response. (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 please attach other information that demonstrates that you are entitled to expedited response under U.C.A., 63-2-204(3).)

I understand the above requested reports may not be available for 10 business days from the date requested, if approved.

Signature

Date