

CASE NUMBER: _____

FORM OF ID/#: _____

Please Write Legibly

GRAMA REQUEST FOR RECORDS

North Ogden Police Records Bureau

515 East 2600 North

North Ogden, UT 84414

Police: (801)782-7219 Fax: (385)492-3962

Requestor's Name: _____	Date of Birth: _____
Requestor's Company, Agency or Business Affiliation: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
Telephone Number: _____	E-mail Address: _____
Description of records sought (records must be described with reasonable specificity): Please include the time frame if you don't know the case numbers.	
Explain the purpose of your request and your involvement in the record:	
<input type="checkbox"/> I would like to inspect the records. <input type="checkbox"/> I would like to receive a copy of the records. I understand that the City charges a fee for copies of records and that the copies will be provided subject to fees being paid. Fees: Police Reports - \$25.00 per report (initial reports only). Vehicle accident reports - \$25.00. Body Cam/Dash Cam – \$25.00 per source.	
If the requested records are not public, please explain why you believe you are entitled to access the record:	
<input type="checkbox"/> I am the subject of the record. <input type="checkbox"/> I am the person who provided the information. <input type="checkbox"/> I am authorized to have access by the subject of the record or by the person who submitted the information. Please attach the documentation required by U.G.A. 63G-2-202(1)(a)(iv). <input type="checkbox"/> Other. Explain: _____	
Signature: _____	Date: _____

Office Use Only

[] Accepted [] Denied	If approved, the record was released by:	Record Fee(s) Received
		\$