

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:

- I would like to inspect the records.
- 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 – Prices vary depending upon the length of the video and the time it takes Records staff to review.

If the requested records are not public, please explain why you believe you are entitled to access the record:

- I am the subject of the record.
- 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. Please attach the documentation required by U.G.A. 63G-2-202(1)(a)(iv).
- Other. Explain: _____

Signature: _____

Date: _____

Office Use Only

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