NORTH OGDEN POLICE DEPARTMENT REQUEST FOR RECORDS

REQUESTOR'S NAME: ________________________________________________________________

ADDRESS:  

DAY TIME PHONE:  _________________________________________________________________

SPECIFIC DESCRIPTION OF REQUESTED RECORD(S)

(Circle related request)  ACCIDENT  POLICE REPORT  CLEARANCE LETTER  OTHER

IF KNOWN, CASE #:  _________________________________________________________________

APPROXIMATE DATE (S) OF RECORD (S):  ______________________________________________

NAME OF PERSON (S) and DATE(S) OF BIRTH # THAT ARE INVOLVED IN RECORD (S):

FOR CLEARANCE LETTER (background check):  NUMBER OF LETTERS: __________

NAME:  ________________________________________________________  DATE OF BIRTH: ____________________________________________

I WOULD LIKE TO RECEIVE COPIES OF THE RECORD (S). I UNDERSTAND THERE IS A FEE* FOR COPIES OF RECORDS AND THAT COPIES WILL BE PROVIDED SUBJECT TO FEES BEING PAID.

*CHARGE PER REPORT IS $10.00  *CHARGE PER VIDEO/DIGITAL COPY IS $25.00

*CHARGE PER PHOTO IS $1.00  *CHARGE PER CLEARANCE LETTER IS $1.00

SIGNATURE: _______________________________________________________ DATE: ______________________________________

NORTH OGDEN POLICE DEPARTMENT SHALL RESPOND TO A RECORDS REQUEST NO LATER THAN 10 (TEN) BUSINESS DAYS AFTER RECEIVING THE REQUEST FOR RECORDS

SIGNATURE OF PERSON RECEIVING REPORT / REQUEST:  _______________________________________________________________

DATE RECEIVED: _____________________________________ TIME: __________________________

FOR OFFICE USE ONLY - RESPONSE TO REQUEST

_____APPROVED - REQUESTOR NOTIFIED ON __________________________, 20_____. RECORD FEE (S) RECEIVED: $_______________

RECORD (S) #:  ________________________________ PERSON RELEASING REPORT (S): ___________ DATE: _______________

_____ DENIED - WRITTEN DENIAL SENT ON ____________________________, 20________.