

SLC Police Department
ATT: Service Desk
475 South 300 East
P.O. Box 145497
Salt Lake City, UT 84111-5497
1-801-799-3101

Service Desk Use only
Sent on (ddmmyy) _____
Sent to _____
Done on (ddmmyy) _____
Done by _____

SALT LAKE CITY POLICE DEPARTMENT

RECORDS REQUEST

Date: _____ Fee Paid: Receipt # _____ Amount: \$ _____

Requestor's Name: _____

Requestor's Company, Agency or Business Affiliation: _____

Address: _____
Street City State Zip

Email Address: _____ Fax No.: _____

Daytime Telephone: _____ Identification No. & Type: _____

Description of Record Requested: _____

Date of Occurrence: _____ SLCPD Case Number: _____

Location of Occurrence: _____

Name of Involved Person(s) and Date of Birth: _____

Explain the Purpose of Your Request and Your Involvement in the Record: _____

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS REQUEST

Your request for records will be processed in accordance with the requirements of the Government Records Access Management Act (GRAMA), 63G-2-101, Utah Code Annotated. Your request will be processed as soon as reasonably possible, but may take up to ten (10) business days to be granted.

The records that may be provided to you, subsequent to your request, may contain information that is classified as "protected", "private", or "controlled", and may only be disclosed under certain circumstances, U.C.A. § 63G-2-302, 63G-2-304 and 63G-2-305.

If you are dissatisfied with Salt Lake City's response to your request, you may appeal to the City's Chief Administrative Officer by filing a written notice with the City Recorder within 30 calendar days after the date of this letter, pursuant to Utah Code Ann. 636-2-401. The notice of appeal must state your name, mailing address, and daytime telephone number and the relief you seek. The City requests that you also include a copy of your GRAMA request, if applicable. You may include a short statement of facts, reasons, and legal authority in support of your appeal. The address of the City Recorder is P.O. Box 145515, Salt Lake City, Utah 84114-5515.

You agree to pay a fee of \$15.00 per report or request and any other fees in accordance with Salt Lake City Code § 2.64.040

Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY - DO NOT WRITE IN THIS AREA

☐ Approved Authorized by: _____ ID#: _____ Date: _____

☐ Denied By: _____ ID#: _____ Date: _____

Reviewed by: _____ ID#: _____ Date: _____

Reason for denial: See reverse side of this form.