



Request for Record(s)

Government Records Access and Management Act (GRAMA)

Santaquin Police Department
275 W Main, Santaquin, Utah 84655

Phone: 801-754-1070
Email: police@santaquin.gov

Utah State Code allows for up to 10 business days to provide the requested record, a denial, or a notice of extended time for response to a records request (UCA 63G-2-204).

Name of Requester: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

I would like to:

☐ Inspect (view) the records

☐ Receive copies of the records. I understand that I am responsible for the costs of providing the records as permitted by UCA 63-2-203 and authorize costs not to exceed \$_____. I further understand that I will be contacted if the estimated costs are greater than the amount I have specified, and that the police department will not provide records for which I have not authorized adequate costs.

☐ I would like to receive copies of the records and request a waiver of costs. (Please attach information supporting your request UCA 63G-2-203(4).)(Does not guarantee waiver will be granted.)

Copy Fees:	Video/Audio Fees:
Research Fee: \$22.00/hour after first 15 minutes	\$25.00/hour, minimum 1 hour
Report: \$10.00 per report up to 25 pages (\$0.25 per page after first 25 pages)	\$10.00 per DVD;
Accident Form: \$10.00	\$10 per tape postage & handling
Photographs: \$5.00 for each photo	

Case Number/Description of records sought: (Describe in detail the records you are requesting, including applicable addresses, dates, names, & DOB.) _____

If applicable, check one of the following and attach necessary documentation: (You may be asked to provide an ID.)

☐ 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.

(Provide authorization UCA 63G-2-202)

☐ Other. Explain: _____

☐ I am requesting an expedited response. (Please attach information that shows your status as a member of the media and that the records are required for a story, for broadcast or publication; or other information that demonstrates you are entitled to expedited response under UCA 63G-2-204(5).)

I acknowledge that secondary dissemination to any unauthorized agency or person is PROHIBITED.

Signature: _____ Date: _____

*****FOR AGENCY USE ONLY*****

Date Received: _____ Date Completed: _____ Completed By: _____ Amount Due: \$_____