

Cottonwood Heights Police Department Records Request

1265 E Fort Union Blvd, Cottonwood Heights, Utah, 84047

Phone: (801) 944-7100

Fax: (801) 944-7105

Your request for records will be processed in accordance with the requirements of the Government Records Access and Management Act (GRAMA), U.C.A 63G-2-101 et seq. Your request will be processed as soon as reasonably possible, generally within ten (10) business days. Longer response periods are possible in situations involving extraordinary circumstances, as provided GRAMA.

The records covered by your request may contain information that is classified as protected, private or controlled, which may only be disclosed under certain circumstances. See, e.g., U.C.A 63G-2-302 to -305. As provided by GRAMA, (a) certain information is not available such as dates of birth, social security numbers, juvenile names and the like; and (b) other information may be redacted from the report, such as home addresses, phone numbers, and work addresses.

Requestor's Name: _____

Address: _____

Street

City

State

Zip

Primary Phone Number: _____ Secondary Number: _____

Description of Record Requested: _____

Case Number: _____ Date of Occurrence: _____

Your involvement in the Record: _____

Would you like to view/inspect the Record OR receive copies of the Record? **Please circle one**

If you would like to receive copies of the Record you will be responsible for the costs associated with responding to your Record request as provided in GRAMA and in accordance with Cottonwood Heights City Fee Schedule. (available upon request) Please specify the not to exceed cost: \$15.00, \$50.00 or \$100.00 **(Circle one)**. If the costs are greater than the amount specified, CHPD will contact you.

How would like to receive your copy (please circle one): Person Mail

I certify that the statements made in this request are truthful and that I am not in any way trying to fraudulently obtain this report or information. Doing so through fraudulent means is punishable in accordance with applicable law.

Signature

Date

FOR DEPARTMENT USE ONLY

Approved Authorized by: _____ ID# _____ Date _____

Denied By: _____ ID# _____ Date _____

Reason for Denial: _____

Identification number and Type: _____

Date Fulfilled: _____ Clerk: _____

Receipt number: _____ Amount Paid: _____

OFFICER APPORVAL OF REPORT RELEASE:

- Synopsis Only
- Initial Only
- Initial with selected supplements
- Full report
- Add attachments

Additional Instructions: _____
