BOUNTIFUL EST. 1847	805 Bo	South Main St untiful, UT 840		POLICE
	R(ecords Req	uest —	
ote: Utah Code § 6 ntity with a written vailable); and a des	3G-2-204 (GRAMA) requ request containing the r scription of the record re	ires a person ma equester's name	aking a record request f e, mailing address, dayt	urnish the governmenta ime telephone number (reasonable specificity.
Requestor's Nam	ne:		Daytime Phone: _	
	ith the Government Rec			
	cord Requested:		-	
	of Occurrence:			
	olved:			
Person Involved:				
Check applica				
	bject of the record.			
	ithorized representative	of the subject c	of the record.	
	the information in the re-			
Other (If so				
	in accordance with the applicable fees:	Bountiful Police	e Department, I am	
— F	Records / Incidents \$10.0 Photos \$50.00 Audio / Video \$50.00 (Er	·	equired to obtain video)
If the record requ	ires an excessive amount c e for the requested record v	of time to research	and prepare copies (longe	er than two (2)

I also understand that as soon as reasonably possible, but no later than ten (10) business days after signing this request, I will be notified whether my request was approved or denied. I also understand that State photo identification will be required before the record is released to me. After a requested record is prepared, it will be held by the Bountiful Police Department Records Division for thirty (30) days. After that time, the copy will be destroyed.

The majority of records maintained by the Bountiful Police Department are classified as private, protected, controlled, or exempt, in accordance with the Government Records Access and Management Act.

Explain the purpose of your request:

Signature:





For office use only:

Your request has been denied for the following reason(s):

- Private in accordance with UCA § 63G-2-302 or 63G-3-302.S
- Protected in accordance with UCA § 63G-2-304
- Controlled in accordance with UCA § 63G-2-303
- Exempt in accordance with UCA § 41-6a-404

As per the Government Records Access and Management Act, you have the right to appeal this records request denial. The appeal must be filed with the City Managers Office with in 30 days of this notice. A notice of decision will be provided to you within five (5) business days.

Do you wish to appeal this decision at this time?

Yes

No

If you marked yes, indicate below what relief you are seeking. You may also include any supporting information with your notice of appeal.

Requestor's Signature:_____ Date Signed:_____