



BOUNTIFUL CITY POLICE DEPARTMENT
805 South Main Street
Bountiful Utah 84010
Office 801-298-6000 Fax 801-298-6027



Records Request

Note: Utah Code § 63G-2-204 (GRAMA) requires a person making a records request furnish the governmental entity with a written request containing the requester's name, mailing address, daytime telephone number (if available); and a description of the record requested that identifies the record with reasonable specificity.

Requestor's Name _____ **Daytime Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

In accordance with the Government Records Access and Management Act, I am requesting;

Type of Record Requested: _____

Case Number: _____

Date of Occurrence: _____ **Time of Occurrence:** _____

Location: _____

Person Involved: _____ **Date of Birth:** _____

Person Involved: _____ **Date of Birth:** _____

Person Involved: _____ **Date of Birth:** _____

I understand that in accordance with the Bountiful Police Department, I am responsible for the applicable fees:

- Reports / Incidents \$10.00 per report
- Photos Price based on quantity and size
- Audio / Video \$50.00 for first copy and \$10.00 for each additional copy

If the report requires an increased amount of time to research and prepare copies, the charge for the requested report will be billed at a rate of \$30.00 per hour.

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 disapproved. I also understand that photo identification will be required before the record is released to me. **After a requested report 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 and your involvement in the record:

Signature: _____ **Date:** _____

