Dote: Utah Code § 6	Records (80 ⁻	805 South Main St Bountiful, UT 840 1) 298-6056 polic - Records Req	10 erecords@bountifu uest — aking a record request	I.gov	
-	-	-		time telephone number reasonable specificity.	
		City:	State:	Zip:	
Email Address:					
In accordance w	ith the Governmer	nt Records Access an	d Management Act, I	am requesting:	
Type of Re	cord Requested: -		Case Number:		
Location: _					
Person Involved:			Date of Birth: _		
			Date of Birth:		
Check applica	ble box:				
I am the su	bject of the record	ł.			
	•	tative of the subject o	f the record.		
I provided t	the information in t	the record.			
Other (If so	o, explain):				
	in accordance with the applicable fees:	th the Bountiful Police	Department, I am		
— F	hotos \$50.00	· · · ·	dditional fees may ap epayment of \$50 and er	ply) nail address is required)	
If the record required minutes), you ma	uires an excessive a y be charged at a rai	mount of time to resear te that is allowed by G.R	ch and prepare copies (A.M.A.	(longer than 30	
I also understand this request, I will	that as soon as reas be notified whether	sonably possible, but no my request was approve	ater than ten (10) busine d or denied. I also under	ess days after signing stand 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:_____