

City of Hurricane

POLICE DEPARTMENT

G.R.A.M.A. REQUEST TO ACCESS PUBLIC RECORDS

Requestor: _____ Daytime Phone Number: _____

Mailing Address: _____

In accordance with the Government Records Access Management Act, I am requesting a copy of the following record(s):

Specify Case Number: _____

Check one of the following:

- 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 proper documentation which is attached
- I am requesting records I believe to be public

Signature

Date

Per Utah Law 63G-2-204 We have up to ten (10) business days for the request to be processed.

Copies per Incident	Photos per incident	Video per Incident
-\$5.00 for 1 to 20 pages	-\$25.00 per CD	-\$25.00 per Video
-\$0.25 per page thereafter	-\$2.00 per printed page	Redact- \$75.00 1 st Hour, \$21.00 per add. hours

Mail check for total amount and request form to:

HURRICANE CITY POLICE DEPARTMENT
90 South 700 West Hurricane, UT 84737

(Department Use Only)

Response to Request: (See UCA 63G-2-204)

- Approved, requestor notified on _____
- Denied- Written denial sent on _____
- Requestor notified agency does not maintain record, and, if known, was also notified of name and address of agency that does maintain record on _____
- Extension of time claimed for extraordinary circumstances. Required notice sent on _____

Special Notations: _____

Signature: _____ Date: _____

Receipt Number: _____ Fee \$ _____

Denial of access to any records, report or information may be appealed to the City Manager within thirty (30) days of said denial