



RECORDS REQUEST

Ephraim City Police Department allows for up to **ten (10) business days** to provide the requested record, a denial or a notice of extended time for response to records request

NAME OF PERSON REQUESTING RECORDS: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

DESCRIPTION OF RECORD SOUGHT (describe with reasonable specificity such as type of report wanted, address of occurrence, names of people involved, case number if you have it, etc) _____

Many of the records maintained by Ephraim 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.** _____

PLEASE INITIAL THOSE THAT APPLY:

___ Copy needed for insurance purposes (traffic accidents)

___ I would like to view/inspect the records

___ I would like to receive copies of the records **I understand that I am responsible for the costs to provide the records as permitted by UCA 63-2-203 and authorize costs up to \$_____.** I further understand that I will be contacted if the estimated costs are greater than the amount I have specified, and that the city will not respond to a request that I have not authorized adequate costs.

*\$5.00 base fee for all reports consisting of one to ten (1-10) pages, with an additional cost of \$.10 per page beyond page ten. All reports are subject to a compilation fee in accordance with Utah Code Annotated 63G-2-203. Ephraim City will provide the first 1/2 hour free of charge. Thereafter, employee time will be at a cost of \$4.00 per 15 minutes or \$16.00 per hour.

If record is "Non-Public" check one of the following and attach necessary documentation

I am the subject of the record

I am the person who provided the information

I am the parent or legal guardian of a minor who is the subject of the record

I am authorized to have access by the subject of the record or by the person who submitted the information (Attach copy of Power of Attorney)

Other. Please explain _____

I am requesting expedited response per UCA 63-2-204 (3-b). Please attach media identification or information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrates that the release of this information will benefit the public rather than the person.

I acknowledge that secondary dissemination to any unauthorized agency or person is PROHIBITED

Signature of Person Making Request: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Date Due: _____ Amount Due: _____ Date picked up: _____

Case Number(s) _____

Valid Picture ID (Type) _____ Expiration _____ Personally Known _____