

SOUTH SALT LAKE POLICE DEPARTMENT REQUEST FOR RECORDS

2835 South Main Street
South Salt Lake, UT 84115
Phone Number: (801) 412-3600 • Fax: (801) 412-3601

Personal Information of person requesting record

Name: _____

Full Mailing Address: _____

Telephone Number(s): Home: _____ Work: _____

Description of **records sought** (records must be described with reasonable specificity, such as date of occurrence, events, or persons involved): _____

Case number if known: _____

Description of **purpose** for records sought (reason must be described with reasonable specificity): _____

- I would like to inspect the records (this entails reviewing the record within the office without receiving a copy to take with you and takes the same time, as indicated below, to be available).
- I would like to receive a copy of the records. I understand that I will be responsible for copy and research costs. Additional costs apply for photos, video or if the record is excessively large).
- I would like to receive a copy of the records and request a waiver of costs because **(please attach information supporting your request for a waiver of fees):**
 - Release of the records primarily benefits the public rather than me
Explain: _____
 - I am the victim of a domestic assault on the record
 - My legal rights are directly affected by the record and I am impecunious
- If the requested records are not public, please explain why you believe you are entitled to access:
 - I am the subject of the record (or guardian/parent if subject is a minor or legally incapacitated)
 - I am the person who provided the information
 - I am authorized to have access by the subject of the record or by the person who submitted the information **(attach relevant documentation)**.
 - Other. Explain: _____
- I am requesting expedited response. **Please attach relevant documentation** (i.e. proof of your status as a member of the media and statement that the record is needed for a story/broadcast).

Signature

Date

Requested records are generally available within 3 to 4 working days.

However, it may take up to 10 working days.

You will be notified when the records are available to be picked up.

FOR AGENCY USE ONLY

Primary Classification
of Record:

Public

Private

Protected

Controlled

Exempt

Secondary Classification
of Record:

Public Record: (§ 63-2-301— records open for public review unless otherwise classified)

Private Record: (§ 63-2-302 — open to the individual to whom the records pertain, and other authorized persons or agencies as outlined in UCA 63-2-202(1))

<input type="checkbox"/> Address	<input type="checkbox"/> Expenditures	<input type="checkbox"/> Military Service	<input type="checkbox"/> Race/Ethnic Group
<input type="checkbox"/> Age/Birth date	<input type="checkbox"/> Family Information	<input type="checkbox"/> Mortgage Information	<input type="checkbox"/> References
<input type="checkbox"/> Birthplace	<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Motor Vehicle Ownership	<input type="checkbox"/> Religious Preference
<input type="checkbox"/> Checking/Savings Account	<input type="checkbox"/> Food Purchase	<input type="checkbox"/> Name/Signature	<input type="checkbox"/> Salary Information
<input type="checkbox"/> Court Actions	<input type="checkbox"/> Home Property Owner	<input type="checkbox"/> National Origin	<input type="checkbox"/> Security Investigation
<input type="checkbox"/> Credit Rating	<input type="checkbox"/> Intelligence Quotient/IQ	<input type="checkbox"/> Occupational Licenses	<input type="checkbox"/> Sex/Gender
<input type="checkbox"/> Criminal History	<input type="checkbox"/> Job Position Information	<input type="checkbox"/> Occupational Preference	<input type="checkbox"/> Social Security Number
<input type="checkbox"/> Driver License Number	<input type="checkbox"/> Living Conditions	<input type="checkbox"/> Physical Description	<input type="checkbox"/> Tax Information
<input type="checkbox"/> Educational History	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Psychiatric Information	<input type="checkbox"/> Telephone number
<input type="checkbox"/> Employment History	<input type="checkbox"/> Medical Dental Information	<input type="checkbox"/> Psychological Information	<input type="checkbox"/> Victim Information

Controlled Record: (§ 63-2-303 — open to authorized persons or agencies, but not open to the individual to whom the records pertain as outlined in UCA 63-2-202(2))

Protected Record: (§ 63-2-304 — non-personal data open to the person submitting the record and authorized persons or agencies)

<input type="checkbox"/> Attorney Work Product	<input type="checkbox"/> Interfere with the control and supervision of an offender	<input type="checkbox"/> Records if disclosed could impair governmental procurement proceedings
<input type="checkbox"/> Collective bargaining strategies	<input type="checkbox"/> Jeopardize the life or safety	<input type="checkbox"/> Security issue
<input type="checkbox"/> Deprive person of fair trial or impartial hearing	<input type="checkbox"/> Minutes of closed meetings	<input type="checkbox"/> Settlement negotiations
<input type="checkbox"/> Drafts, unless classified as public	<input type="checkbox"/> Ongoing or planned audit	<input type="checkbox"/> Unpublished manuscripts, lecture notes or research data
<input type="checkbox"/> Identify a source not generally known	<input type="checkbox"/> Records if disclosed could interfere with investigations	

If record is not public, is access authorized?

Private: Requester is subject of the record (§ 63-2-202(1))
 Requester is authorized agent of subject of the record (§ 62-2-202(1)(b-e))

Controlled: Requester is a physician, psychologist, or certified social worker, has supplied a notarized release dated no more than 90 days prior to this request, and has signed an acknowledgment re non-disclosure (§ 63-2-202(2))

Protected: Requester is person who submitted the record (§ 63-2-202(4)(a))
 Requester is entity whose interests were sought to be protected by classification (§ 63-2-202(4)(b)(ii))
 Requester is person who submits a notarized release from person or agency whose interests were sought to be protected by this classification (§ 63-2-202(4)(b)(i-ii))

Court Order: Disclosure required pursuant to court finding for release (§ 63-2-202(7); 63-2-207)

If classifications restricts access, can information be segregated to allow disclosure (§ 63-2-307)? YES / NO

If yes, what information was segregated: _____

Response to request: (§ 63-2-204)	<input type="checkbox"/> Approved
	<input type="checkbox"/> Record not maintain by agency; notify requester of correct agency (if known)
	<input type="checkbox"/> Notified of extension of time due to extraordinary circumstances
	<input type="checkbox"/> Denied (§ 63-2-205). Reason(s) for denial are as follows:
	<input type="checkbox"/> Access governed by law other than GRAMA or not a "record" (§ 63-2-201(3)(b))
	<input type="checkbox"/> Requester is not allowed access pursuant to above record classifications
	<input type="checkbox"/> Other: _____

Copy fees (§ 63-2-203) — fill in blank only if the copy fees exceed \$10.00 or waiver is granted

Amount: Reason for additional fees: _____

Fees Waived: Reason: _____ Approved Signature: _____

Date Reviewed

Approved Signature

Date Notified

Date Sent/Retrieved

How was identification verified?

Number: _____