



SOUTH SALT LAKE POLICE DEPARTMENT REQUEST FOR RECORDS – ACCIDENT REPORT

A request form must be filled out for each case you wish to receive.

REQUESTOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY TIME PHONE NUMBER: _____

CASE #: _____ DATE OF OCCURRENCE: _____

LOCATION OF OCCURRENCE: _____

NAME OF PERSON(S) INVOLVED: _____

REASON FOR REQUEST:

- _____ Requestor was involved in the accident.
- _____ Parent or legal guardian of an un-emancipated minor who was involved in this accident.
- _____ Parent or legal guardian of an incapacitated individual who was involved in the accident.
- _____ Requestor was not involved in the accident, but is the owner of a vehicle that was involved in the accident.
- _____ Insurance company
- _____ Requester is the victim of property damage as a result of the accident.
- _____ Other – explain _____

***I understand that the city charges a \$15.00 fee for each DI-9 accident report and \$15.00 for each non-reportable accident report that is requested, and that copies will be provided subject to fees being paid. I also understand that as soon as reasonably possible, but no later than ten business days after signing this written request, I will be notified whether my request was approved or denied.

Signature

Date

FOR OFFICE USE ONLY

How was identification verified? _____ Number _____

☐

Approved

☐

Denied

Staff Signature _____

Date _____