



SOUTH SALT LAKE POLICE DEPARTMENT

REQUEST FOR PHOTOGRAPHS OR VIDEO

A request form must be filled out for each case involving photographs or video

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 report.
- _____ Parent or legal guardian of an unemancipated minor who is the victim, subject, witness and/or suspect of this report.
- _____ Parent or legal guardian of an incapacitated individual who is the subject of the report.
- _____ Insurance company
- _____ Other – explain _____

*** I understand that the city charges a fee for photographs or videos that are 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 _____