

TOOELE CITY POLICE DEPARTMENT

REQUEST FOR RECORDS

(U.C.A. §63G-2-101 et seq.) - (Tooele City Code 1-23-1 et seq.)

Description Of Records Sought

(please be as specific as possible; attach separate sheet if necessary)

I Would Like To	<input type="checkbox"/> View the records <input type="checkbox"/> Receive a copy of the records. - I understand that I may have to pay copy fees. I authorize costs of up to: \$ _____ <input type="checkbox"/> I am requesting a waiver of copy costs because: See UCA §63G-2-203(4)
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I am Requesting These Records Because	<input type="checkbox"/> I am the subject of the record <input type="checkbox"/> I am the person who provided the information. <input type="checkbox"/> I am authorized to have access by the subject of the record or by the person who submitted the information Documentation required by UCA §63G-2-202 <input type="checkbox"/> I represent an authorized government agency under UCA §63G-2-206 Attach Request Certification <input type="checkbox"/> Other: _____
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Please Select the Type of Record Being Sought

Reports	Crash Report	Video
<input type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Investigative <input type="checkbox"/> Witness Statements <div style="text-align: center; background-color: #cccccc;">\$1.00 Per Page</div>	<input type="checkbox"/> Traffic Accident/DI9 <input type="checkbox"/> Photos/Surveillance <div style="text-align: center; background-color: #cccccc;">\$5.00 Per Report DVD - \$10.00</div>	<input type="checkbox"/> Body Camera Video <input type="checkbox"/> Dash Camera Video <div style="text-align: center; background-color: #cccccc;">\$40.00 per research hour. One hour minimum.</div>

I am requesting expedited response as permitted by UCA §63G-2-204(3)(b)

Requester Information

Name		Daytime Phone Number	
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Address			
City	State	Zip	
Email Address			
Signature			Date

** FOR OFFICIAL USE ONLY **

Processed By	Process Date
Approved By	Approval Date

Records Released					
<input type="checkbox"/> Initial			<input type="checkbox"/> Traffic Accident / DI-9		
<input type="checkbox"/> Supplemental			<input type="checkbox"/> Photos		
<input type="checkbox"/> Investigative			<input type="checkbox"/> Surveillance		
<input type="checkbox"/> Statements			<input type="checkbox"/> Body/Dash Camera		