

**MAPLETON POLICE DEPARTMENT  
RECORDS REQUEST FORM (G.R.A.M.A.)**

Mapleton City ordinance 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 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE & ZIP \_\_\_\_\_

DAY TIME TELEPHONE \_\_\_\_\_ EVENINGS \_\_\_\_\_

DESCRIPTION OF THE REQUESTED RECORD: (Please use as much detail as possible.)  
\_\_\_\_\_  
\_\_\_\_\_

CASE NUMBER \_\_\_\_\_ DATE OF INCIDENT \_\_\_\_\_

**RELATIONSHIP TO REQUESTED RECORD OR INVOLVED PERSONS:**

**\*\*Must be included or records request will be denied\*\***

- I am the subject of the requested record.
- I am the parent or legal guardian of a minor who is the subject of the record.
- I am the provider of the information in the requested record.
- I have a Legislative Subpoena or Court Order requesting the record.
- I have a "Power of Attorney" or notarized release from the subject of the record.
- Other: \_\_\_\_\_

**AGREEMENT:**

In requesting this record, I understand and agree to the following: I understand that some reports may not be available due to Utah State Records Classification Standards and that timely notification will be made to me explaining those circumstances; I understand that records may not be available on the same day as the request is made; I understand that record compilation time may not exceed ten (10) business days from the date of this request.

I will pay all costs associated with the provision of the record up to and including: A \$5.00 base fee for all reports consisting of one to ten (1-10) pages, with an additional cost of \$0.10 per page beyond page ten; Certified copies = \$5.00 per page; Photos, Audio Cassettes and Video Cassettes are priced according to the most current cost in reproducing them; All reports listed above are subject to a \$25.00 compilation fee depending on the time needed to gather and reproduce requested items.

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

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

.....  
**FOR OFFICE USE ONLY**

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|--|---|
| RECORD CLASSIFICATION:<br><input type="checkbox"/> PUBLIC (UCA 63-2-301)<br><input type="checkbox"/> PRIVATE (UCA 63-2-302)<br><input type="checkbox"/> PROTECTED (UCA 63-2-303) | RECORD STATUS:<br><input type="checkbox"/> APPROVED. AVAILABLE _____<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> REQUEST FOR EXTRAORDINARY CIRCUMSTANCES UCA 63-2-204-4A-h |
|--|---|

RECORDS PROVIDED BY \_\_\_\_\_ TOTAL COST \_\_\_\_\_

RECORDS RECEIVED BY \_\_\_\_\_ I.D. # \_\_\_\_\_

DATE RECORDS RECEIVED \_\_\_\_\_