

## Requester Information

**GRAMA REQUEST**

Name				
Street Address		City	State	Zip Code
Daytime Telephone		Alternate Telephone	Date and Time of Request	
<p>Requested Record Status ( check all that apply)</p> <ul style="list-style-type: none"> <li><input type="radio"/> I am an involved party in a traffic accident.</li> <li><input type="radio"/> I am the subject of the requested record.</li> <li><input type="radio"/> The requested record is a public record.</li> <li><input type="radio"/> I am the parent or legal guardian of the subject of the requested record.</li> <li><input type="radio"/> I am the provider of the information in the requested record.</li> <li><input type="radio"/> I have a "power of attorney" or notarized release from the subject of the record or from the provider of the information in the requested record.</li> <li><input type="radio"/> I have a legislative subpoena or court order requesting the record.</li> <li><input type="radio"/> I would like to inspect (view) the records.</li> </ul>				
Lindon City Police Department Case # _____				
Description of Requested Record :				
<b>PLEASE READ THE FOLLOWING BEFORE SIGNING THIS REQUEST</b>				
<p><i>The records that may be provided to you, subsequent to your request, may contain information that is classified as "protected", "private", or "controlled", and may only be disclosed under certain circumstances, U.C.A.63G-2-304, 63G-2-302 and 63G-2-303. If you are dissatisfied with our response to your request, you may appeal the decision, by filling a written notice with the Chief of Police within 30 calendar days after the date of our response.</i></p>				
<p><i>In requesting this record, I understand and agree to the following: I will pay costs associated with the provision of the record (copies are 25 cents per page, certified copies \$5.00 per page, photos are \$5.00 per page, recorded cd disks are \$15.00, compilation time will be charged at a rate of \$10.00 per hour). I will allow a maximum of ten (10) working days for Lindon City Police Department to compile the record, or five (5) days if I show that such expedition will benefit the public more than my person. I will recognize that this completed Records Request Form is a public document.</i></p>				
_____ <b>Signature</b>			_____ <b>Date</b>	
Office Use Only				
Approved On _____		Fee Due _____	Approved By _____	
Denied On _____		Due To _____	Denied By _____	