

LINDON CITY POLICE



GRAMA REQUEST

Requestor Information:

Name: _____ Date of Birth _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

REQUESTED RECORD STATUS (check all that apply)

- I am an involved party in a traffic accident.
- I am the subject/involved party of the requested record.
- I am the provider of the information in the requested record.
- I am the parent or legal guardian of the subject of the requested record.
- 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. (Documentation Required)
- I would like to inspect (view) the records.
- Other-Please Explain _____

Lindon Police Department Case Number(s) _____

Description of the Requested Record(s) _____

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS REQUEST

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, UCA 63G-2-302, UCA 63G-2-303, 63G-2-304, and 63G-2-305.

I will allow a maximum of ten (10) working days to compile the record, or 5 days with written documentation that shows why I am entitled to an expedited response as per UCA 63G-2-2-204 (3)(b).

I understand I may be responsible for the fees associated with the research and copies of this report. I may be charged at a rate of \$20.00 per hour for research. First 15 minutes are free and the fee will be charged in quarter-hour increments. Recorded Media is \$15.00 per disc, printed photo copies are \$5.00 per page, and \$5.00 for emailed photos.

Signature

Date and Time of Request

Preparer: _____ Fee Due: _____ Date Requestor notified: _____

Released by: _____ Release Date: _____

Denied by: _____ Denied On: _____ Due To: _____ Code: _____