



GRAMA REQUEST FOR PUBLIC SAFETY RECORDS
Police, Fire, Ambulance

Spanish Fork 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 a records request.

Name of Person Making Request: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Description of records sought (describe with reasonable specificity such as type of report wanted, address of occurrence, names of people involved, case number if you have it, etc.)

\_\_\_\_\_
\_\_\_\_\_

Copy needed for insurance purposes

I would like to inspect the records

I would like to receive copies of the records. I understand that I will be responsible for copy costs. (I am willing to pay costs of up to \$\_\_\_\_\_. I further understand that the agency will contact me if estimated costs are greater than the amount I have specified, and that the agency will not respond to a request for copies if I have not allowed for adequate costs. Payment required at time of GRAMA request submission.)

If record is "Non-Public", check one of the following and attach necessary documentation

I am the subject of the record.

I am the person who provided the information.

I am the legal guardian of subject of the record.

I am authorized to have access by the subject of the record or by the person who submitted the information. (Attach copy of Power of Attorney)

Other. Please explain

I am requesting expedited response. (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrates that release of this information will benefit the public rather than the person.)

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

Signature of Person Making Request: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:

Fee Paid: \_\_\_\_\_ Received by: \_\_\_\_\_