



CLEARFIELD POLICE DEPARTMENT

REQUEST FOR RECORDS

Person Making Request:

Name _____

Mailing Address _____
City State Zip

Phone Number _____ Email _____@_____

How would you like to receive the record? (Typically a request is processed within ten (10) business days)

Email Mail In-Person

(If you select In-Person, you will have five (5) business days to pick up the record once you are notified before it is destroyed.)

I would like the one of the following:

Written Report Only (avg. cost \$16) Written Report & Video (avg. cost \$75 and 10 days) Accident Report \$25

I understand that the cost of copying, certifying, and research are my responsibility and authorize costs up to \$_____.

Were you the victim of Domestic Violence, Sexual Assault, or Stalking? Yes No (check one)

Complete All Known Information:

Citation Issued? Yes No (check one)

Requested Case #(s): _____

Other Notes/Details (Must be reasonably specific):

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS REQUEST

Your request for records will be processed in accordance with the requirements of the Government Records Access Management Act (GRAMA), Utah Code Ann. § 63G-2-101, *et. seq.*

If records requested are not public, explain why you believe you are entitled to access:

_____ I am the subject of the record. Date of Birth: _____

_____ I am the person who provided the information

_____ I am authorized to have access by the subject of the record, or by the person who submitted the information.
(Affidavit required by Utah Law § 63G-2-202)

_____ Other (Explain): _____

ID Verified: _____

Signature: _____ Date: _____

Please email completed form to records@clearfieldcity.org