

# SOUTH SALT LAKE FIRE DEPT REQUEST FOR RECORDS

City of South Salt Lake  
2600 South Main St South Salt Lake, UT 84115 Phone  
Number: (801) 483-6043 • Email: [firerecords@sslc.gov](mailto:firerecords@sslc.gov)

## Personal Information of person requesting record

Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Daytime Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Description of **records sought** (records must be described with reasonable specificity, such as Incident number, date of occurrence, events, or persons involved): \_\_\_\_\_

Description of **purpose** for records sought (reason must be described with reasonable specificity): \_\_\_\_\_

☐ I would like to inspect the records (this entails reviewing the record within the office without receiving a copy to take with you and takes the same time, as indicated below, to be available).

☐ I would like to receive a copy of the records. I understand that I will be responsible for copy and research costs. (Cost for a standard record is \$20.00 per report. Additional costs apply for photos, video, or if the record is excessively large). [SSL Consolidated Fee Schedule](#)

☐ I would like to receive a copy of the records and request a waiver of costs because **(please attach information supporting your request for a waiver of fees):**

☐ Release of the records primarily benefits the public rather than me

Explain: \_\_\_\_\_

☐ I am the victim of a domestic assault on the record

☐ My legal rights are directly affected by the record and I am impecunious

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

☐ I am the subject of the record (or guardian/parent if subject is a minor or legally incapacitated)

☐ 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 **(attach relevant documentation)**.

☐ Other. Explain: \_\_\_\_\_

☐ I am requesting expedited response. **Please attach relevant documentation** (i.e. proof of your status as a member of the media and statement that the record is needed for a story/broadcast).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

It may take up to 10 working days to fulfill your request.

Please provide an Email address that we may send your records to.