

# SOUTH SALT LAKE POLICE DEPARTMENT REQUEST FOR RECORDS

2835 South Main Street  
South Salt Lake, UT 84115  
Phone Number: (801) 412-3600 • Fax: (801) 412-3601

## Personal Information of person requesting record

Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

Case number if known: \_\_\_\_\_

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).
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- ☐ I would like to receive a copy of the records. I understand that I will be responsible for copy and research costs. Additional costs apply for photos, video or if the record is excessively large).
- ☐ 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: \_\_\_\_\_
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- ☐ 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

Requested records are generally available within 3 to 4 working days.  
However, it may take up to 10 working days.  
You will be notified when the records are available to be picked up.

## FOR AGENCY USE ONLY

Primary Classification  
of Record:

Public \_\_\_\_\_ Private \_\_\_\_\_ Protected \_\_\_\_\_ Controlled \_\_\_\_\_ Exempt

Secondary Classification  
of Record:

Public Record: \_\_\_\_\_ (§ 63-2-301 — records open for public review unless otherwise classified)

Private Record: \_\_\_\_\_ (§ 63-2-302 — open to the individual to whom the records pertain, and other authorized persons or agencies as outlined in UCA 63-2-202(1))

<input type="checkbox"/> Address <input type="checkbox"/> Age/Birth date <input type="checkbox"/> Birthplace <input type="checkbox"/> Checking/Savings Account <input type="checkbox"/> Court Actions <input type="checkbox"/> Credit Rating <input type="checkbox"/> Criminal History <input type="checkbox"/> Driver License Number <input type="checkbox"/> Educational History <input type="checkbox"/> Employment History	<input type="checkbox"/> Expenditures <input type="checkbox"/> Family Information <input type="checkbox"/> Fingerprints <input type="checkbox"/> Food Purchase <input type="checkbox"/> Home Property Owner <input type="checkbox"/> Intelligence Quotient/IQ <input type="checkbox"/> Job Position Information <input type="checkbox"/> Living Conditions <input type="checkbox"/> Marital Status <input type="checkbox"/> Medical Dental Information	<input type="checkbox"/> Military Service <input type="checkbox"/> Mortgage Information <input type="checkbox"/> Motor Vehicle Ownership <input type="checkbox"/> Name/Signature <input type="checkbox"/> National Origin <input type="checkbox"/> Occupational Licenses <input type="checkbox"/> Occupational Preference <input type="checkbox"/> Physical Description <input type="checkbox"/> Psychiatric Information <input type="checkbox"/> Psychological Information	<input type="checkbox"/> Race/Ethnic Group <input type="checkbox"/> References <input type="checkbox"/> Religious Preference <input type="checkbox"/> Salary Information <input type="checkbox"/> Security Investigation <input type="checkbox"/> Sex/Gender <input type="checkbox"/> Social Security Number <input type="checkbox"/> Tax Information <input type="checkbox"/> Telephone number <input type="checkbox"/> Victim Information
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Controlled Record: \_\_\_\_\_ (§ 63-2-303 — open to authorized persons or agencies, but not open to the individual to whom the records pertain as outlined in UCA 63-2-202(2))

Protected Record: \_\_\_\_\_ (§ 63-2-304 — non-personal data open to the person submitting the record and authorized persons or agencies)

<input type="checkbox"/> Attorney Work Product <input type="checkbox"/> Collective bargaining strategies <input type="checkbox"/> Deprive person of fair trial or impartial hearing <input type="checkbox"/> Drafts, unless classified as public <input type="checkbox"/> Identify a source not generally known	<input type="checkbox"/> Interfere with the control and supervision of an offender <input type="checkbox"/> Jeopardize the life or safety <input type="checkbox"/> Minutes of closed meetings <input type="checkbox"/> Ongoing or planned audit <input type="checkbox"/> Records if disclosed could interfere with investigations	<input type="checkbox"/> Records if disclosed could impair governmental procurement proceedings <input type="checkbox"/> Security issue <input type="checkbox"/> Settlement negotiations <input type="checkbox"/> Unpublished manuscripts, lecture notes or research data
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If record is not public, is access authorized?

Private: \_\_\_\_\_ Requester is subject of the record (§ 63-2-202(1))  
 \_\_\_\_\_ Requester is authorized agent of subject of the record (§ 62-2-202(1)(b-e))

Controlled: \_\_\_\_\_ Requester is a physician, psychologist, or certified social worker, has supplied a notarized release dated no more than 90 days prior to this request, and has signed an acknowledgment re non-disclosure (§ 63-2-202(2))

Protected: \_\_\_\_\_ Requester is person who submitted the record (§ 63-2-202(4)(a))  
 \_\_\_\_\_ Requester is entity whose interests were sought to be protected by classification (§ 63-2-202(4)(b)(i))  
 \_\_\_\_\_ Requester is person who submits a notarized release from person or agency whose interests were sought to be protected by this classification (§ 63-2-202(4)(b)(i-ii))

Court Order: \_\_\_\_\_ Disclosure required pursuant to court finding for release (§ 63-2-202(7); 63-2-207)

If classifications restricts access, can information be segregated to allow disclosure (§ 63-2-307)? YES / NO

If yes, what information was segregated: \_\_\_\_\_

Response to request: \_\_\_\_\_ Approved  
 (§ 63-2-204) \_\_\_\_\_ Record not maintain by agency; notify requester of correct agency (if known)  
 \_\_\_\_\_ Notified of extension of time due to extraordinary circumstances  
 \_\_\_\_\_ Denied (§ 63-2-205). Reason(s) for denial are as follows:  
       \_\_\_\_\_ Access governed by law other than GRAMA or not a "record" (§ 63-2-201(3)(b))  
       \_\_\_\_\_ Requester is not allowed access pursuant to above record classifications  
       \_\_\_\_\_ Other:

Copy fees (§ 63-2-203) — fill in blank only if the copy fees exceed \$10.00 or waiver is granted

Amount: \_\_\_\_\_ Reason for additional fees: \_\_\_\_\_

Fees Waived: \_\_\_\_\_ Reason: \_\_\_\_\_ Approved Signature: \_\_\_\_\_

Date Reviewed \_\_\_\_\_ Approved Signature \_\_\_\_\_ Date Notified \_\_\_\_\_ Date Sent/Retrieved \_\_\_\_\_

How was identification verified? \_\_\_\_\_ Number: \_\_\_\_\_