Weber State Police Department
Request for Records

Notice: Our policies and procedures for the collection, compilation, storage, and dissemination of official records and information are in compliance with Utah Code § 63G-2-204 (GRAMA). Which requires an individual making the request to furnish the agency with a written request containing the requestor’s name, mailing address, and daytime phone number (if available); and a description of the records being requested.

Requestor's Information:

Name: ____________________________ Date: ______________

Address: __________________________________________________________________________________

City: ___________________________ State: ___________________ Zip: __________

Daytime Telephone Number: (_____)______-____________

Records Request:

Case #: _____________________

Notice: Include all relevant information, description of record(s), location of event(s), date range of the event(s), names of person(s) involved, and subject of the request.

Description of Records Sought: ________________________________________________________________
                                                                                               ___________________________________________________________________________
                                                                                               ___________________________________________________________________________
                                                                                               ___________________________________________________________________________
                                                                                               ___________________________________________________________________________
                                                                                               ___________________________________________________________________________

Notice: If the record has a restricted access, GRAMA provides that certain individuals may still receive access.

☐ I am the subject of the record
☐ I am an authorized representative of the subject of the record
☐ I provided the information in the record

Considerations about the desired response:

☐ I would like to inspect the record only
☐ I would like to receive a copy of the record. I understand that I will be responsible for the actual costs. I understand that there is a minimum charge of $25.00 for copies of records, and that copies will be subject to fees being paid.

_____________________________________________________________________________________

_________________________  ______________________
Signature                  Date