



SUMMIT COUNTY SHERIFF'S OFFICE

SHERIFF JUSTIN MARTINEZ

6300 JUSTICE CENTER ROAD PARK CITY, UTAH 84098 (435) 615-3600

Records Request Form

Requester's Information:

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Fax: _____

Email Address: _____

Note: Utah Code 63G-2-204 (GRAMA or Government Records Access and Management Act) requires a person making a records request furnish the governmental entity with a written request containing the request's name, mailing address, daytime telephone number; and a description of the record requested that identifies the record with reasonable specificity.

Request made to:

Summit County Sheriff's Office/Attn: Records
6300 Justice Center Road
Park City, Utah 84098

435-615-3501 Phone
435-608-4361 Fax

Records requested:

Note: The more specific and narrow the request, the easier it will be for our office to respond to the request.

Incident # _____

Note: This is not your court case number.

Description of records including all relevant information – location of event(s) described in records, city, county, address to include zip code; date of records; names of the person(s); and subject of the request.

Note: 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 the authorized representative of the subject of the record or I am authorized to have access by the subject of the record (See attached Notarized Statement)
- I provided the information in the record



SUMMIT COUNTY SHERIFF'S OFFICE

SHERIFF JUSTIN MARTINEZ

6300 JUSTICE CENTER ROAD PARK CITY, UTAH 84098 (435) 615-3600

Consideration about the desired response:

I would like to:

- View or inspect the records only
- Receive a copy of the records and pay associated fees. Please notify me if the amount will exceed \$_____.
- Receive a copy of the records and request a fee waiver, according to Utah Code 63G-2-203, because:
 - Releasing the record primarily benefit the public
 - I am the victim, or authorized representative, of the record
 - My legal rights are directly implicated by the information of the record because _____, and I am impecunious.
- Receive an expedited response (5 business days) because releasing the record benefits the public; I request the information for a story or report for publication or broadcast to the general public.

Signature of Requestor:

I agree to pay a reasonable fee to cover the actual cost of duplicating a record if copies are requested in conformance with the government entity's policy as determined by ordinance or written formal policy adopted by the governing body. I understand that there is no charge for inspecting a record. 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 authorized adequate costs.

Signature: _____ Date: _____

Print Name: _____

Driver's License #: _____ State: _____

Note: As requestor of the record, if you are unable to appear in person and present photo identification to receive the documents and wish to have them emailed, faxed or mailed, you must sign this document before a Notary Public.

State of _____

County of _____

On this ____ day of _____, 20____, before me, _____, a notary public, personally appeared, _____, proved on the basis of satisfactory evidence to be the person(s) whose name is subscribed to this instrument, and acknowledged he executed the same.

Witness my hand and official seal

Notary Public

SCSOA-8