SLC Police Department ATT: Service Desk 475 South 300 East P.O. Box 145497 Salt Lake City, UT 84111 1-801-799-3101

SALT LAKE CITY POLICE DEPARTMENT RECORDS REQUEST

Service Desk Use only	
Sent on (ddmmyy)	
Sent to	
Done on(ddmmyy)	
Done by	

Date:		Fee Paid:	Fee Paid: Receipt # Amount: \$			
Requestor's	Name:					
Requestor's	Company, Agency or Bu	usiness Affiliation:				
Address:						
	Street		-	State		
Email Addres	ss:		Fax No.:			
Daytime Tele	ephone:	Identification N	√o. & Type:			
Description o	of Record Requested:	TLA	AE (
	urrence:				9	
Location of C	Occurrence:					
Name of Invo	olved Person(s) and Date	e of Birth:			6/	
	Purpose of Your Request					
Access Mana	PLEASE REAI t for records will be proce agement Act (GRAMA), 6 ly possible, but may take	63G-2-101, Utah Code	vith the requireme e Annotated. You	ents of the Govern ur request will be		
The records t	that may be provided to yd", "private", or "controlled 302 and 63G-2-303.	you, subsequent to you	our request, may c	contain informatio		
Administrative letter, pursua daytime telep GRAMA requ	ssatisfied with Salt Lake (ve Officer by filing a writte ant to Utah Code § 63G-2 phone number and the re uest, if applicable. You medial. The address of the Co	en notice with the City I 2-401. The notice of a elief you seek. The City may include a short sta	Recorder within 3 appeal must state y requests that you atement of facts, r	30 calendar days your name, mail ou also include a reasons, and lega	s after the date of this ling address, and copy of your al authority in support	
•	o pay a fee of \$10.00 per accordance with Salt La		, •	3.25 per page afte	er 50 pages and any	
Signature:			Da	ite:		
	FOR DE	CPARTMENT USE ONLY - D	OO NOT WRITE IN T	HIS AREA		
Approved	Authorized by:		ID#:	Date:		
☐ Denied	Ву:	V	ID#:	Date:		
Reason for deni	ial: See reverse side of this for		_	_	-	