



# Request For Record(s)

## Government Records Access and Management Act

Lehi City Police Department  
128 North 100 East  
Lehi, Utah 84043

Business Phone: 385-201-1005  
Fax: 385-201-1006  
Email: lehipolicerecords@lehi-ut.gov

Name of Requester: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to:

Inspect records

Receive copies of records. I understand that I am responsible for the costs to provide the records as permitted by UCA 63-2-203 and authorize costs not to exceed \$ \_\_\_\_\_. I further understand that I will be contacted if the estimated costs are greater than the amount I have specified.

Copy Fees:	Video/Audio Fees:
Single Record - \$25 (or .25 cents per page/whichever is greater) Color Photos - \$5 per page/ \$30 flash drive/CD	Actual Labor Cost dependent upon length of recording and redaction needed. Fees are calculated using the wage of redaction personnel completing request at anticipated redaction time (5 min. redaction time per 1 min. of video/audio)

Case Number/Description of records sought (Describe in detail the records you are requesting including applicable addresses, dates, names, & DOB): \_\_\_\_\_

If applicable, check one of the following and attach necessary documentation.

I am the subject of the record.

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 (Provide authorization UCA 63G-2-202.)

Other. Explain \_\_\_\_\_

I am requesting an expedited response. (Please attach information that shows your status as a member of the media and the records are required for a story, for broadcast or publication; or attach other information that demonstrates that you are entitled to expedited response under UCA 63G-2-204(5).)

I am requesting a waiver of fees: Attach information to support request (Does not guarantee waiver will be granted.)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\*\*\*FOR AGENCY USE ONLY\*\*\*\*\*

AMOUNT CHARGED \$ \_\_\_\_\_

\_\_\_\_\_  
Chief/Deputy Chief/Lieutenant

\_\_\_\_\_  
Records Personnel Completing Request

\_\_\_\_\_  
Chief/Deputy Chief/Lieutenant

\_\_\_\_\_  
Records Manager