



Request for Record(s)
Government Records Access and Management Act
[GRAMA]

To: Lehi City Police Department
Attn: Records Department
128 North 100 East
Lehi, Utah 84043

Business Phone: 385-201-1005
Fax: 385.201.1006
Email: lehipolicerecords@lehi-ut.gov

Person making request:

Name: _____

Mailing Address: _____

Daytime Telephone Number: _____ Email Address: _____

I desire _____ access to or _____ copy/copies of the following records (describe with reasonable specificity, attach additional sheet if necessary):

_____ additional sheet(s) attached?
Copy Fees: \$5/single record (resident) 25 cents per page/multiple records \$5 per digital color photo print
\$30 CD/DVD \$15/single record (non-resident)

This request is submitted under the authority of Section 63G-2-101 et. seq., Utah Code, (GRAMA).

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.
I believe this request should be handled as an expedited five(5) day request under Section 63G-2-204(3), because, for the reasons outlined in the attached explanation, expedited response to this request benefits the public rather than the person making the request.
I am requesting a waiver of the copy costs because:
Release of the records primarily benefits the public rather than myself.
I am the subject of the record.
I am the authorized representative of the subject of the record.
My legal rights are directly affected by the record and I am indigent.

(Please attach information supporting your request for a waiver of fees.) _____ Other: Explain _____

I agree to pay a reasonable fee to cover the actual cost of duplicating a record if copies are requested, not to exceed \$_____, 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.

Date: _____ Signature: _____