



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.
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: \_\_\_\_\_

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FOR AGENCY USE ONLY

Date request received: \_\_\_\_\_ Initial time limit for response:  5 business days  10 business days

Classification: Public \_\_\_\_\_ Private \_\_\_\_\_  
Protected \_\_\_\_\_ Controlled \_\_\_\_\_  
Access is governed by a law other than GRAMA \_\_\_\_\_  
Requested document is not a "record" under GRAMA \_\_\_\_\_

Is access authorized? (Complete this section if records are private, controlled, or protected.)

Private: \_\_\_\_\_ Requester is the subject of the record.  
\_\_\_\_\_ Requester is another person authorized by UCA 63G-202(1) and has  
\_\_\_\_\_ supplied required documentation.  
\_\_\_\_\_ Requester is not authorized to have access.

Controlled: \_\_\_\_\_ Requester is a physician, psychologist, or certified social worker,  
insurance provider or agent, or a government public health agency has  
supplied a notarized release dated no more than 90 days prior to this  
request, and has signed an acknowledgment regarding non-disclosure.  
UCA 63G-2-202(2).  
\_\_\_\_\_ Requester is not entitled to access.

Protected: \_\_\_\_\_ Requester is the person who submitted the record.  
\_\_\_\_\_ Requester is another person authorized by UCA 63G-2-202(4) and has  
\_\_\_\_\_ supplied required documentation.  
\_\_\_\_\_ Requester is not entitled to access.

How was identification verified? \_\_\_\_\_

Response to request: (See UCA 63G-2-204)  
\_\_\_\_\_ Approved. Requester notified on \_\_\_\_\_, 20\_\_\_\_.  
\_\_\_\_\_ Denied. Written denial sent on \_\_\_\_\_, 20\_\_\_\_.  
\_\_\_\_\_ Requester notified agency does not maintain record, and, if known, was  
also notified of name and address of agency that does maintain record on  
\_\_\_\_\_, 20\_\_\_\_. Agency name: \_\_\_\_\_  
Agency phone and address: \_\_\_\_\_  
\_\_\_\_\_ Extension of time claimed for extraordinary circumstances. Required  
notice sent on \_\_\_\_\_, 20\_\_\_\_.  
See UCA 63G-2-201(3)(iv).

Copy fees: \$5.00/single record (resident) .25 cents per page/multiple records \$5 digital color photo print \$30 CD/DVD  
\$15.00/single record (non-resident)

Amount \_\_\_\_\_ or, if waived, waiver approved by \_\_\_\_\_.

\_\_\_\_\_  
(Signature of person completing request)

\_\_\_\_\_  
Chief Darren Paul

\_\_\_\_\_  
Deputy Chief Jeff Magnusson

\_\_\_\_\_  
Lieutenant Kenny Rose

\_\_\_\_\_  
Kimberly Street, Executive Assistant