

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:		
		Email:
I would like to: Inspect records Receive copies of record by UCA 63-2-203 and authorestimated costs are greater that	rize costs not to exce	I am responsible for the costs to provide the records as permitted eed \$ I further understand that I will be contacted if the specified.
Copy Fee	<u> </u>	Video/Audio Fees:
Single Record - \$25 (or .25 cents per page/which Color Photos - \$5 per page/ \$	ever is greater)	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)
_	_	scribe in detail the records you are requesting including applicable
☐ I am the subject of the red ☐ I am the person who pro ☐ I am authorized to have a ☐ (Provide authorization U ☐ Other. Explain ☐ I am requesting an expectand the records are required you are entitled to expect	ecord. vided the information access by the subject CA 63G-2-202.) dited response. (Pleated for a story, for browted response under United Response under	se attach information that shows your status as a member of the media adcast or publication; or attach other information that demonstrates that
Date:	S	Signature:
*******	***************F(OR AGENCY USE ONLY**************************
	AMOUN	NT CHARGED \$
Chief/Deputy Ch	ief/Lieutenant	Records Personnel Completing Request
Chief/Deputy Ch	nief/Lieutenant	Records Manager