



**WOODS CROSS CITY POLICE DEPARTMENT  
GOVERNMENT RECORDS AND MANAGEMENT ACT  
(GRAMA)  
REQUEST FOR RECORDS**



To request information that is maintained by this office, please provide the following information:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Description of record(s) sought: (records must be described with reasonable specificity)

\_\_\_\_\_

\_\_\_\_\_

- I would like to inspect the records.
- I would like to receive copies of the records.
- I understand that I will be responsible for copies or other costs up to \$ \_\_\_\_\_. I further understand that the agency will contact me if estimated costs are greater than the amount specified, and that the agency will not respond to a request or copies if I have not authorized adequate costs.
- I request a waiver of copy costs. (Please attach information supporting your request: see U.C.A. 63-2-203 (3) for a list of situations under which an agency is encouraged to provide copies without charges.
- I am requesting an expedited response. (please attach information showing your status as a member of the media and a statement the records are required for a story, broadcast, or publication; or please attach other information that demonstrates you are entitled to an expedited response under U.C.A. 63-2-204(3).

Check on of the following and attach required documentation if necessary:

- The record is a public record available for my review.
- 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. (attach copy of authorization)
- Other, Explain:

Signature \_\_\_\_\_

Date \_\_\_\_\_