

KAYSVILLE

POLICE DEPARTMENT



REQUEST FOR RECORD

(PUBLIC, PRIVATE, OR PROTECTED)

REQUESTER NAME: _____
Identification required for private or protected records

ADDRESS: _____ PHONE: () - _____ HOME

CITY STATE ZIP () - _____ OTHER

THIS REQUEST IS MADE TO THE **KAYSVILLE CITY POLICE RECORDS DEPARTMENT**

DESCRIPTION OF REQUESTED RECORD(S): _____
(i.e. accident, theft, domestic, criminal mischief, burglary, fraud, etc.)

DATE OF INCIDENT: _____ LOCATION OF INCIDENT: _____

CHECK ALL APPLICABLE BOXES *(Attach supporting documents)*

- I am the subject of the requested record(s).
- I am the parent or legal guardian of the subject minor of the requested record(s).
- I am the person who submitted the requested record(s).
- I am authorized to have access to the requested record(s) by a proper and lawful executed power of attorney or notarized release.
- I am the person to whom disclosure must be made pursuant to a lawful court order.
- I am the person to whom disclosure must be made pursuant to a lawful legislative subpoena.
- I request an expedited response to my request:
 - An expedited response will benefit the public rather than a person.
 - The request is for the purpose of obtaining information for a story or broadcast to the general public.

CHECK APPLICABLE BOXES

- I wish to obtain copies of the requested record(s) and agree to pay copy costs in the amount not exceeding \$_____. If estimated copy costs exceed that amount, I understand that I will be contacted before any copies are made for authorization to proceed.

Please note that the Kaysville Police Department only accepts cash or checks for payment.

- I am listed as a victim of domestic violence. (No fee)

DATED: _____, 20_____

REQUESTER'S SIGNATURE

INCIDENT #: _____

APPROVED / DECLINED BY