REQUEST FOR RECORD
(PUBLIC, PRIVATE, OR PROTECTED)

REQUESTER NAME: ____________________________________________
(Identification required for private or protected records)

ADDRESS: ____________________________________________________
PHONE: (____) - ___________ HOME
(____) - ___________ OTHER

CITY STATE ZIP

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