



## SARATOGA SPRINGS POLICE DEPARTMENT - GRAMA REQUEST FOR RECORDS

Submit Request to: Police Records  
Address: 367 S Saratoga Drive, Saratoga Springs UT 84045  
Email/Phone: sspdrecords@saratogaspringscity.com / 801-766-6503

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

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- I would like to inspect the records.
- I would like to receive a copy of the records. I understand that I will be responsible for copy costs. I authorize costs of up to \$\_\_\_\_\_
- I would like to receive a copy of the records and request a waiver of copy costs because:
  - Release of the records primarily benefits the public rather than me.
  - I am the subject of the record.
  - I am the authorized representative of the subject of the record.
  - My legal rights are directly affected by the record and I am impecunious. **(Please attach information supporting your request for a waiver of fees.)**

**If this is a Request for a Police Record, please provide the DOB for the Report Subject \_\_\_\_\_.**

If the requested records are not public, please explain why you believe you are entitled to access.

- 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 (Please attach documentation required by UCA 63G-2-202.)
- Other. Please Explain:

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- I am requesting expedited response. (please attach information that shows your status as a member of the media and a statement that records are required for a story for broadcast or publication; or please attach other information that demonstrates that you are entitled to expedited response under UCA 63G-2-204.)

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

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

City, State, Zip Code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*The request may be delayed if all information requested is not provided\*\***