



REQUEST FOR RECORDS

_____ I would like to view/inspect the record.

_____ I would like to receive copies of the record/data. I understand that the Weber

County Sheriff's Office charges a fee for copies of records or researched data and that copies/data will be provided subject to fees being paid. I authorize costs of up to \$ _____. If costs are greater than the amount I have specified, I further understand that the office will contact me and will not respond to a request for copies/data if I have not authorized adequate costs.

Signature

Date

Please be aware that not all records can be released. It depends on their GRAMA classification.

Requestor's Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Daytime telephone number where you can be contacted: _____

Picture ID is required. DL# _____ Other _____

I am an inmate currently incarcerated. Yes ___ No ___ Inmate # _____

Description of record sought. YOU MUST BE SPECIFIC - DATES, TIMES, CASE #, RELEASE DATES, CHARGES AND OTHER DATA REQUESTED.

Name on subject of record (if applicable): _____

DOB: _____ Specific records you are requesting: _____

Return request to Weber County Sheriff's Office, Attn: Records, 721 W. 12th St. Ogden, UT 84404

Response to the request - for office use only.

Date request was received: _____ Time: _____

___ Approved. Requestor notified on _____.

___ Requestor notified that office does not maintain record and, if known, was also notified of the name and address of agency that does maintain record on _____.

Copy Fees: \$ _____ if waived approved by _____

___ Cost authorization obtained from requestor on _____.

Signature: _____