



WEBER COUNTY SHERIFF'S OFFICE

GRAMA REQUEST FOR RECORDS - ONLINE

****Please Read Entire Form****

Today's Date:	
Requestor's Name:	
Address:	
City, ST Zip:	
Daytime Phone:	

☐ I am the subject of the record.

☐ I am the Parent or Legal Guardian of the minor who is the subject of the record.

(Documentation is required.)

☐ I am authorized access to the record(s) by the subject of the record(s) or by the person who submitted the record. **(Notarized consent of release is required.)**

REQUEST:

Name on Record:	
Date of Birth:	
Case Number:	
Date Record Created:	
Description of Record:	
If not the subject of record, what is your relation to the subject of record:	

☐ I have attached a scanned copy of my **valid government-issued photo ID** (driver license) and would like my invoice/reports E-mailed to: _____, Faxed to: _____ or Mailed to: _____

☐ I have **not** attached a scanned copy of my ID and understand that I will be required to present my **valid government-issued photo ID** in person to pick up my records.

Logged ☐

OFFICE USE ONLY

Date Request Received _____ Time _____ 10-day deadline _____

<input type="checkbox"/> Approved. Requestor notified on _____ at _____.
<input type="checkbox"/> Office does not maintain record. Requestor notified on _____ at _____.
<input type="checkbox"/> Partial Approval (attached): _____
<input type="checkbox"/> Request Denied. Denial form sent to requestor on _____.
<input type="checkbox"/> Extension of time. Requestor notified on _____.

☐ Identification Attached ☐ Birth Certificate (minor) ☐ Notarized Release Fee \$ _____

Signature: _____

Date _____

Authorized by: _____

Date _____

Released by: _____

Date _____