

WEBER COUNTY SHERIFF'S OFFICE

GRAMA REQUEST FOR RECORDS

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: N I

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 copy of the Identification Notarization Form.					
	of the Identification Notarization F D in person to pick up my records		I be required to present my valid		
□ I understand the records may contain attachments that are confidential and may be protected by legal, professional, or other privilege. This information may not be disseminated without expressed permission by the original sender. This release of record information is from the Weber County Sheriff's office files only. This does not include other local or state agencies. Use of this information is regulated by GRAMA.					
My request includes the request for booking photographs. I agree that any and all booking photographs received will not be placed in a publish for pay publication or posted a publish for pay website. I further understand that a violation of this agreement will subject me to criminal liability under UCA 76-8-504					
Requester Signature:_		D	ate		
Logged 🗌	OFFICE USE	ONLY			
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