



WEBER COUNTY SHERIFF'S OFFICE

GRAMA REQUEST FOR RECORDS – ONLINE/FAX/MAIL

****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 copy of the **Identification Notarization Form**.
- I have **not** attached a copy of the Identification Notarization Form 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 \$ _____

Prepared by: _____ Date _____

Authorized by: _____ Date _____

Released by: _____ Date _____