



WEBER COUNTY SHERIFF'S OFFICE

GRAMA REQUEST FOR RECORDS

****PLEASE PRINT LEGIBLY****

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 would like to receive a copy of the record. I understand that the Weber County Sheriff's Office charges a fee for records or researched data. I authorize costs up to \$ _____ and understand that if the fee is expected to exceed this amount, I will be notified prior to generating the record.

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 _____