



MOAB CITY POLICE DEPARTMENT

217 East Center St. Suite 130, Moab UT 84532

RECORDS REQUEST FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Description of report requested: \_\_\_\_\_  
\_\_\_\_\_

Note: If the record has a restricted access, GRAMA provides that certain individuals may still receive access.

- I am the subject of the record
- I am the authorized representative of the subject of the record
- I provided the information in the record

Considerations about the desired response:

I would like to:

- Receive a copy of the records and pay associated fees. (Moab City Police Department Fee is \$7.50 per record)
- Receive an expedited response (5 days) because releasing the record benefits the public; I request the information for a story or report for publication or broadcast to the general public.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Requester:  Approved and received copy  Denied \_\_\_\_\_

MOAB CITY POLICE DEPARTMENT OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTICE OF IDENTIFICATION REQUIRED**

AS REQUESTOR OF THE RECORD, IF YOU ARE UNABLE TO APPEAR IN PERSON AND PRESENT PHOTO IDENTIFICATION TO RECEIVE THE DOCUMENTS AND WISH TO HAVE THEM EITHER MAILED OR EMAILED, YOU MUST SIGN THIS DOCUMENT BEFORE A NOTARY PUBLIC.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

By \_\_\_\_\_, known by me to be the person named above.

NOTARY PUBLIC: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

Email completed form to schadd@moabcity.org or cindy@moabcity.org. Payment can be made by phone with a valid credit card.