GRAMA REQUEST FOR PUBLIC SAFETY RECORDS
Police, Fire, Ambulance

Spanish Fork City ordinance allows for up to ten (10) business days to provide the requested record, a denial or a notice of extended time for response to a records request.

Name of Person Making Request: __________________________________________________________
Date of Birth: ___________________________ Phone Number: _______________________________
Address: ________________________________________________________________________________

Description of records sought (describe with reasonable specificity such as type of report wanted, address of occurrence, names of people involved, case number if you have it, etc.)
________________________________________________________________________________________
________________________________________________________________________________________

☐ Copy needed for insurance purposes
☐ I would like to inspect the records
☐ I would like to receive copies of the records. I understand that I will be responsible for copy costs. (I am willing to pay costs of up to $__________. I further understand that the agency will contact me if estimated costs are greater than the amount I have specified, and that the agency will not respond to a request for copies if I have not allowed for adequate costs. Payment required at time of GRAMA request submission.)

If record is "Non-Public", check one of the following and attach necessary documentation
☐ I am the subject of the record.
☐ I am the person who provided the information.
☐ I am the legal guardian of subject of the record.
☐ I am authorized to have access by the subject of the record or by the person who submitted the information. (Attach copy of Power of Attorney)
☐ Other. Please explain
☐ I am requesting expedited response. (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrates that release of this information will benefit the public rather than the person.)

I acknowledge that secondary dissemination to any unauthorized agency or person is PROHIBITED.
Signature of Person Making Request: _____________________________ Date: _________________

OFFICE USE ONLY:
Fee Paid: ___________________________ Received by: ____________________________