



SPRINGVILLE CITY
POLICE DEPARTMENT
J. SCOTT FINLAYSON, CHIEF OF POLICE

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SPRINGVILLE, UT 84663

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REQUEST FOR RECORDS
(U.C.A. 63-2-204)

Requestor Name: _____

Requestor's Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: _____

Description of records sought (records must be described with reasonable specificity):

- I would like to view/inspect the records.
I would like to receive copies of the records. I understand that I will be responsible for copy costs. I authorize costs of up to \$ _____. I further understand that the Police Department will contact me if estimated costs are greater than the amount I have specified, and that the Police Department will not respond to a request for copies if I have not authorized adequate costs.

Signature _____ Date _____

Response to request - for office use only

Date request received _____ Time _____

- APPROVED - Requestor notified on _____ Classification _____
DENIED - Written denial sent on _____
Requestor notified that office does not maintain record; and if known, was also notified of name and address of agency that does maintain the record on _____
Extension of time for extraordinary circumstances. Required notice sent _____

Copy Fees: \$ _____ If waived, approved by _____

Signature _____ Date _____

Release record - for office use only

Case Number(s) _____ Date(s) _____

Released by _____ Date of Release _____ Identification presented _____

Released to (print name) _____ Signature _____