

# NEPHI CITY POLICE

MICHAEL H. MORGAN  
CHIEF OF POLICE



CAPTAIN BERT WRIGHT  
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## GRAMA REQUEST FOR PUBLIC SAFETY RECORDS

Nephi 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 records request.

Name of person making request: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ .

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ .

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 _____