

# Summit County Sheriff's Office

6300 Justice Center Road  
Park City, UT 84098  
(435)615-3600

## Records Request Form

### Requester's Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Note: Utah Code 63G-2-204 (GRAMA or Government Records Access and Management Act) requires a person making a records request furnish the governmental entity with a written request containing the request's name, mailing address, daytime telephone number; and a description of the record requested that identifies the record with reasonable specificity.

### Request made to:

Summit County Sheriff's Office/Attn: Records  
6300 Justice Center Road  
Park City, Utah 84098

435-615-3501 Phone  
435-608-4361 Fax

### Records requested:

Note: The more specific and narrow the request, the easier it will be for our office to respond to the request.  
Description of records including all relevant information – location of event(s) described in records, city, county, address to include zip code; date of records; names of the person(s); and subject of the request.

Incident # \_\_\_\_\_

Note: This is not your court case number.

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 or I am authorized to have access by the subject of the record (See attached Notarized Statement)
- ☐ I provided the information in the record

### Consideration about the desired response:

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I would like to:

- ☐ View or inspect the records only
- ☐ Receive a copy of the records and pay associated fees. Please notify me if the amount will exceed\$\_\_\_\_\_.
- ☐ Receive a copy of the records and request a fee waiver, according to Utah Code 63G-2-203, because:
- ☐ Releasing the record primarily benefit the public
- ☐ I am the victim, or authorized representative, of the record
- ☐ My legal rights are directly implicated by the information of the record because \_\_\_\_\_, and I am impecunious.
- ☐ Receive an expedited response (5 business 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.

## Signature of Requestor:

I agree to pay a reasonable fee to cover the actual cost of duplicating a record if copies are requested in conformance with the government entity's policy as determined by ordinance or written formal policy adopted by the governing body. I understand that there is no charge for inspecting a record. 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 authorized adequate costs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Note: 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 emailed, faxed or mailed, you must sign this document before a Notary Public.

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, a notary public, personally appeared, \_\_\_\_\_, proved on the basis of satisfactory evidence to be the person(s) whose name is subscribed to this instrument, and acknowledged he executed the same.

Witness my hand and official seal

\_\_\_\_\_  
Notary Public

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## Agency use only

Date request received: \_\_\_\_\_ Incident Number: \_\_\_\_\_

### Classification of records (check all that apply):

- ☐ Public records provided (date) \_\_\_\_\_  
☐ Private  
☐ Controlled  
☐ Protected  
☐ Governed by court law, another state statute, federal statute, or federal regulation: \_\_\_\_\_  
☐ Not a record

### Disclosure of restricted records:

Is access authorized?

**Private:** ☐ requestor is the subject of the record  
☐ requestor is authorized pursuant to Utah Code and has supplied required documentation  
☐ requestor is not allowed to have access

**Controlled:** ☐ requestor is authorized pursuant to Utah Code and has supplied required documentation  
☐ requestor is not authorized to have access

**Protected:** ☐ requestor submitted the record  
☐ requestor is authorized pursuant Utah Code and has supplied required documentation  
☐ requestor is not authorized to have access

### Response:

Approved, requester notified on \_\_\_\_\_

Denied, written denial sent on \_\_\_\_\_

Denied, personally delivered on \_\_\_\_\_

Requester notified agency does not maintain record on \_\_\_\_\_

Extraordinary circumstances invoked, legal citation \_\_\_\_\_

Consequent arrangement and time limits \_\_\_\_\_

**Fees:** \_\_\_\_\_

If waived, fee waiver approved by: \_\_\_\_\_

Note: If access to records is denied in part or in whole, please use the GRAMA Notice of Denial form.

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## GRAMA - Notice of Denial

Date: September 26, 2023

To: \_\_\_\_\_  
\_\_\_\_\_

In response to your recent request for records, you are hereby notified that access to the following described record(s) or portions of the record(s) is denied:

\_\_\_\_\_

The reasons that access to that information is denied is:

\_\_\_\_\_ The information is "private" pursuant to the Utah Code Ann. 63G-2-302-2(d) and you have not shown that you are a person entitled to access pursuant to Utah Code Ann. 63G-2-202(1).

\_\_\_\_\_ The information is "controlled" pursuant to the Utah Code Ann. 63G-2-304 and you have not shown that you are a person entitled to access pursuant to Utah Code Ann. 63G-2-202(2).

\_\_\_\_\_ The information is "protected" pursuant to the Utah Code Ann. 63G-2-305 and you have not shown that you are a person entitled to access pursuant to Utah Code Ann. 63G-2-202(4).

\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_

You have the right to appeal the denial to the following administrative officer:

Name: Tom Fisher  
Title: Chief Administrative Officer  
Address: 60 North Main Street, PO Box 128 Coalville, Utah 84017

To do so, you must file a Notice of Appeal with the officer within 30 days of the date of this denial. Your Notice of Appeal must contain your name, your mailing address, your daytime telephone number, and a statement of the relief you seek. With your Notice of Appeal, you may also file a short statement of facts, reasons, and legal authority in support of what you want the officer to do.

### Certificate of Delivery

I certify that on the date listed:

\_\_\_\_\_ I gave the requester a copy of the Notice of Denial.

\_\_\_\_\_ I mailed/emailed the requester a copy of this Notice of Denial at the address listed above.