

KAYSVILLE

POLICE DEPARTMENT



REQUEST FOR RECORD

(PUBLIC, PRIVATE, OR PROTECTED)

REQUESTER NAME: _____
IDENTIFICATION REQUIRED FOR PRIVATE OR PROTECTED RECORDS

ADDRESS: _____ PHONE: () - _____ HOME

CITY STATE ZIP () - _____ OTHER

THIS REQUEST IS MADE TO THE **KAYSVILLE CITY POLICE RECORDS DEPARTMENT**

DESCRIPTION OF REQUESTED RECORD(S): _____
(i.e. ACCIDENT, THEFT, DOMESTIC, CRIMINAL MISCHIEF, BURGLARY, FRAUD, ETC.)

DATE OF INCIDENT: _____ LOCATION OF INCIDENT: _____

CHECK ALL APPLICABLE BOXES (ATTACH SUPPORTING DOCUMENTS)

- ☐ I AM THE SUBJECT OF THE REQUESTED RECORD(S).
- ☐ I AM THE PARENT OR LEGAL GUARDIAN OF THE SUBJECT MINOR OF THE REQUESTED RECORD(S).
- ☐ I AM THE PERSON WHO SUBMITTED THE REQUESTED RECORD(S).
- ☐ I AM AUTHORIZED TO HAVE ACCESS TO THE REQUESTED RECORD(S) BY A PROPER AND LAWFUL EXECUTED POWER OF ATTORNEY OR RELEASE.
- ☐ I AM THE PERSON TO WHOM DISCLOSURE MUST BE MADE PURSUANT TO A LAWFUL COURT ORDER.
- ☐ I AM THE PERSON TO WHOM DISCLOSURE MUST BE MADE PURSUANT TO A LAWFUL LEGISLATIVE SUBPOENA.
- ☐ I REQUEST AN EXPEDITED RESPONSE TO MY REQUEST:
 - ☐ AN EXPEDITED RESPONSE WILL BENEFIT THE PUBLIC RATHER THAN A PERSON.
 - ☐ THE REQUEST IS FOR THE PURPOSE OF OBTAINING INFORMATION FOR A STORY OR BROADCAST TO THE GENERAL PUBLIC.

CHECK APPLICABLE BOXES

- ☐ I WISH TO OBTAIN COPIES OF THE REQUESTED RECORD(S) AND AGREE TO PAY COPY COSTS IN THE AMOUNT NOT EXCEEDING \$ _____. IF ESTIMATED COPY COSTS EXCEED THAT AMOUNT, I UNDERSTAND THAT I WILL BE CONTACTED BEFORE ANY COPIES ARE MADE FOR AUTHORIZATION TO PROCEED.
- ☐ I AM LISTED AS A VICTIM OF DOMESTIC VIOLENCE. (NO FEE)

DATED: _____, 20

REQUESTER'S SIGNATURE

INCIDENT #: _____

APPROVED / DECLINED BY