



WEST JORDAN POLICE DEPARTMENT
8040 South Redwood Road
West Jordan, UT 84088
801-256-2000



REQUEST FOR RECORDS

Requestor Name: _____

Requestor Address: _____

Contact Phone #: _____

Police Case # / Date of Occurrence: _____

Victim of Domestic Violence: Yes _____ No _____

If Case # is unknown list Type of Report, Your Involvement, Other Parties Involved, and Location.

_____ I would like to receive a copy of the record. I understand that
The City of West Jordan charges a fee of **\$10.00** for a copy
of each record request, and that copies will be provided subject
to GRAMA requirements and fees being paid.

_____ I would like to view/inspect a police record. Subjected to
GRAMA requirements. **No Charge.**

_____ I would like to receive a copy of the photographs. I understand
that the City of West Jordan charges a **fee of \$25.00** for **1-49**
photographs and **additional** fees will be applied to requests containing
more than 50 photographs.

***PLEASE NOTE:** As per the **GRAMA ACT** (UCA 63G-2-101), we have up to 10 business days
to notify you on the status of this request.

Signature

Date

For Office Use Only

Date Request Received: _____

_____ Approved – Requestor Notified on _____, 20____.

_____ Denied – Written Denial sent on _____, 20____.

_____ Requestor notified that office does not maintain record; and, if known, was also notified of name and address of agency that does
maintain record on _____, 20____.

_____ Extension of time for extraordinary circumstances; notice sent on _____, 20____.

Fee Paid With: C _____ CC _____ CK _____ No Charge _____ Date Released: _____ Technician: _____

Note: _____