

<u>AIRPORT POLICE</u> <u>RECORDS REQUEST</u>

Date:	Fee Paid: R	eceipt #	Amo	unt: <u>\$</u>	
Requestor's Name:					
Requestor's Company, Agency or Busine	ess Affiliation:				
Address:					
Street		City	State	Zip	
Email Address:		Fax No.:			
Daytime Telephone:	Identification No.	. & Type:			
Description of Record Requested:					
Date of Occurrence:	SLCPD Case Nu	ımber:			
Location of Occurrence:					
Name of Involved Person(s) and Date of Birth:					

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS REQUEST

Your request for records will be processed in accordance with the requirements of the Government Records Access Management Act (GRAMA), 63G-2-101, Utah Code Annotated. Your request will be processed as soon as reasonably possible, but may take up to ten (10) business days to be granted.

The records that may be provided to you, subsequent to your request, may contain information that is classified as "protected", "private", or "controlled", and may only be disclosed under certain circumstances, U.C.A. § 63G-2-302, 63G-2-304 and 63G-2-305.

If you are dissatisfied with our response to your request, you may appeal the Airport's decision to the Mayor's Records Appeals Board by filing a written notice with the City Recorder within 30 calendar days after the date of our response, pursuant to Salt Lake City Code § 2.64.140. The address of the City Recorder is 451 South State Street, Room 415, P.O. Box 145515, Salt Lake City, UT 84114-5515.

You agree to pay a fee of \$5.00 per report or request and any other fees in accordance with Salt Lake City Code § 2.64.130.

Signature:

Date:_____

P.O. Box 145550, Salt Lake City, UT 84114-5550 Phone: (801) 575-2926 Fax: (801) 575-2041 wv

www.slcairport.com