

## **JUAB COUNTY SHERIFF**

## Sheriff Douglas Anderson

Juab County Sheriff's Office \* 425 West Sheeplane Drive

PO Box 133

Nephi, Utah 84648

(435) 580-4251

	GRAMA REQU	EST FOR PUBLIC SAI	FETY RECORDS	
Per	UCA 63G-2-204(4) which allow up to	ten (10) busi	ness days to provide the requested	
	record, a denial or notice	of extended time for re	esponse to record request.	
Name of person making request: Date of Birth: Address: Phone Number:			te of Birth:	
			nber:	
	ription of records sought (describe with		v such as type of report wanted, address of , etc.)	
	Copy needed for insurance purpose	S.		
□ reque	☐ I would like to receive copies of records. I understand that I will be responsible for copy costs. GRAM equests are \$5 for up to 10 pages. There will be additional costs for requests over 10 pages.			
If rec	ord is "Non-Public", check one of the f	ollowing and attach ne	cessary documentation.	
	I am the subject of record.			
	I am the person who provided the information			
	I am the legal guardian of subject of the record.			
□ inforn	I am authorized to have access by the nation. (Attach copy of Power of Attorn	<del>-</del>	d or by the person who submitted the	
	Other. Please explain.			
	nedia and a statement that the records hother information that demonstrates	are required for a story	nation that shows your status as a member of y for broadcast of publication; or please rmation will benefit the public rather than the	
l acł	knowledge that secondary dis	semination to any	unauthorized agency or person is	
PRC	DHIBITED.			
	Signature of person making re	equest	Date	
		OFFICE USE ONLY:		
Fee	Paid	Received by		