

NORTH OGDEN COURT REQUEST FOR RECORDS

REQUESTOR NAME: _____

ADDRESS: _____

DAY TIME PHONE: _____

SPECIFIC DESCRIPTION OF REQUESTED RECORD(S)

ACCIDENT / POLICE REPORT / CLEARANCE LETTER / OTHER: _____

IF KNOWN, CASE #: _____

APPROXIMATE DATE(S) OF RECORD(S): _____

NAME OF PERSON(S), DATE OF BIRTH (S) AND SOCIAL SECURITY # THAT ARE INVOLVED IN RECORD(S): _____

FOR CLEARANCE LETTER:

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

_____ I WOULD LIKE TO RECEIVE COPIES OF THE RECORD(S). I UNDERSTAND THERE IS A FEE* FOR COPIES OF RECORDS AND THAT COPIES WILL BE PROVIDED SUBJECT TO FEES BEING PAID.

*CHARGE PER REPORT IS \$5.00

*CHARGE PER CLEARANCE LETTER IS \$1.00

SIGNATURE: _____ DATE: _____

NORTH OGDEN POLICE DEPARTMENT SHALL RESPOND TO A RECORDS REQUEST NO LATER THAN 10 BUSINESS DAYS AFTER RECEIVING THE REQUEST FOR RECORDS

_____ APPROVED - REQUESTOR NOTIFIED ON _____, 20_____.

RECORD FEE(S) RECEIVED: \$ _____ RECORD(S) #: _____

PERSON RELEASING REPORT(S): _____ DATE: _____

SIGNATURE OF PERSON RECEIVING REPORT / REQUEST: _____

DATE RECEIVED: _____ TIME: _____

FOR OFFICE USE ONLY - RESPONSE TO REQUEST

_____ DENIED - WRITTEN DENIAL SENT ON _____, 20_____.
