

NORTH OGDEN POLICE DEPARTMENT REQUEST FOR RECORDS

REQUESTOR'S NAME: _____

ADDRESS: _____

DAY TIME PHONE: _____

SPECIFIC DESCRIPTION OF REQUESTED RECORD(S)

(Circle related request) ACCIDENT POLICE REPORT CLEARANCE LETTER OTHER

IF KNOWN, CASE #: _____

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

NAME OF PERSON (S) and DATE(S) OF BIRTH # THAT ARE INVOLVED IN RECORD (S):

FOR CLEARANCE LETTER (background check): NUMBER OF LETTERS: _____

NAME: _____ DATE OF BIRTH: _____

_____ 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 \$10.00

*CHARGE PER VIDEO/DIGITAL COPY IS \$25.00

*CHARGE PER PHOTO IS \$1.00

*CHARGE PER CLEARANCE LETTER IS \$1.00

SIGNATURE: _____ DATE: _____

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

SIGNATURE OF PERSON RECEIVING REPORT / REQUEST: _____

DATE RECEIVED: _____ TIME: _____

FOR OFFICE USE ONLY - RESPONSE TO REQUEST

____ APPROVED - REQUESTOR NOTIFIED ON _____, 20____. RECORD FEE (S) RECEIVED: \$_____.

RECORD (S) #: _____ PERSON RELEASING REPORT (S): _____ DATE: _____

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