



MOAB CITY POLICE DEPARTMENT RECORDS REQUEST FORM

NAME _____ DATE _____

ADDRESS _____

PHONE _____ EMAIL _____

Description of report requested: _____

NOTE: *If the record has restricted access, GRAMA provides that certain individuals may still receive access.*

- I am the subject of the record
- I am the authorized representative of the subject of the record
- I provided the information in the record

I would like to:

- Receive a copy of the records and pay associated fees (per Moab Municipal Code section 3.50.190 Police services fees)
- Receive an expedited response (5 days) because releasing the record benefits the public; I am requesting the information for a story or report for publication or broadcast to the general public

SIGNED _____ DATE _____

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved and received copy	<input type="checkbox"/> Denied _____
MOAB CITY POLICE DEPARTMENT OFFICER _____	DATE _____

NOTICE OF IDENTIFICATION REQUIRED

AS REQUESTOR OF THE RECORD, IF YOU ARE UNABLE TO APPEAR IN PERSON AND PRESENT PHOTO IDENTIFICATION TO RECEIVE THE DOCUMENTS AND WISH TO HAVE THEM EITHER MAILED OR EMAILED, YOU MUST SIGN THIS DOCUMENT BEFORE A NOTARY PUBLIC.

STATE OF _____ COUNTY OF _____

Subscribed and sworn to before me on this _____ day of _____, 20 _____

By _____, known by me to be the person named above.

NOTARY PUBLIC _____

MAILING ADDRESS _____

Email completed form to mcpdrecords@moabcity.gov. Payment may be made by phone with a valid credit card.