

SOUTH DAVIS METRO FIRE SERVICE AGENCY

REQUEST FOR RECORDS

255 South 100 West, Bountiful, Utah 84010

Phone Number: (801) 677-2400

Fax: (801) 677-0166

Remit: ndandurand@sdmetrofire.org

Information of person requesting record

Name: _____

Full Mailing Address: _____

Daytime Telephone Number Cell: _____ Work: _____

Case Number (if available): _____

Description of records sought (records must be described with reasonable specificity, **such as date of occurrence, location, persons involved**): _____

Description of **purpose** for records sought (reason must be described with reasonable specificity):

- I would like to inspect the records (this entails reviewing the record within the office without receiving a copy to take with you and takes the same time, as indicated below, to be available).
- I would like to receive a copy of the records.
I understand that I will be responsible for copy and research costs.
(Costs are usually \$25.⁰⁰ per fire report or 0.50 per page, whichever is greater. Additional costs apply for photos, videos, or if the record is excessively large)
- I would like to receive a copy of the records and request a waiver of costs because (**please attach information supporting your request for a waiver of fees**):
 - Release of the records primarily benefits the public rather than me
Explain:
 - I am the victim of a domestic assault on the record
 - My legal rights are directly affected by the record and I am impecunious
- If the requested records are not public, please explain why you believe you are entitled to access:
 - I am the subject of the record (or guardian/parent if subject is a minor or legally incapacitated)
 - I am the person who provided the information
 - I am authorized to have access by the subject of the record or by the person who submitted the information (**attach relevant documentation**).
 - Other. Explain
- I am requesting expedited response. **Please attach relevant documentation** (i.e. proof of your status as a member of the media and statement that the record is needed for a story/broadcast).

Signature

Date

Requested records are generally available within 3-4 working days
but may take up to 10 working days.

You will be notified when the records are available to be picked up.

FOR AGENCY USE ONLY

Primary Classification

of Record: Public Private Protected Controlled Exempt

Secondary Classification

of Record:

Public Record: _____ (§ 63-2-301— records open for public review unless otherwise classified)

Private Record: _____ (§ 63-2-302 — open to the individual to whom the records pertain, and other authorized persons or agencies as outlined in UCA 63-2-202(1))

<input type="checkbox"/> Address <input type="checkbox"/> Age/Birth date <input type="checkbox"/> Birthplace <input type="checkbox"/> Checking/Savings Account <input type="checkbox"/> Court Actions <input type="checkbox"/> Credit Rating <input type="checkbox"/> Criminal History <input type="checkbox"/> Driver License Number <input type="checkbox"/> Educational History <input type="checkbox"/> Employment History	<input type="checkbox"/> Expenditures <input type="checkbox"/> Family Information <input type="checkbox"/> Fingerprints <input type="checkbox"/> Food Purchase <input type="checkbox"/> Home Property Owner <input type="checkbox"/> Intelligence Quotient/IQ <input type="checkbox"/> Job Position Information <input type="checkbox"/> Living Conditions <input type="checkbox"/> Marital Status <input type="checkbox"/> Medical Dental Information	<input type="checkbox"/> Military Service <input type="checkbox"/> Mortgage Information <input type="checkbox"/> Motor Vehicle Ownership <input type="checkbox"/> Name/Signature <input type="checkbox"/> National Origin <input type="checkbox"/> Occupational Licenses <input type="checkbox"/> Occupational, Preference <input type="checkbox"/> Physical Description <input type="checkbox"/> Psychiatric Information <input type="checkbox"/> Psychological Information	<input type="checkbox"/> Race/Ethnic Group <input type="checkbox"/> References <input type="checkbox"/> Religious Preference <input type="checkbox"/> Salary Information <input type="checkbox"/> Security Investigation <input type="checkbox"/> Sex/Gender <input type="checkbox"/> Social Security Number <input type="checkbox"/> Tax Information <input type="checkbox"/> Telephone number <input type="checkbox"/> Victim Information
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Controlled Record: _____ (§ 63-2-303 — open to authorized persons or agencies, but not open to the individual to whom the records pertain as outlined in UCA 63-2-202(2))

Protected Record: _____ (§ 63-2-304 — non-personal data open to the person submitting the record and authorized persons or agencies)

<input type="checkbox"/> Attorney Work Product <input type="checkbox"/> Collective bargaining strategies <input type="checkbox"/> Deprive person of fair trial or impartial hearing <input type="checkbox"/> Drafts, unless classified as public <input type="checkbox"/> Identify a source not generally known	<input type="checkbox"/> Interfere with the control and supervision of an offender <input type="checkbox"/> Jeopardize the life or safety <input type="checkbox"/> Minutes of closed meetings <input type="checkbox"/> Ongoing or planned audit <input type="checkbox"/> Records if disclosed could interfere with investigations	<input type="checkbox"/> Records if disclosed could impair governmental procurement proceedings <input type="checkbox"/> Security issue <input type="checkbox"/> Settlement negotiations <input type="checkbox"/> Unpublished manuscripts, lecture notes or research data
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If record is not public, is access authorized?

Private: _____ Requester is subject of the record (§ 63-2-202(1))
 _____ Requester is authorized agent of subject of the record (§ 62-2-202(1)(b-e))

Controlled: _____ Requester is a physician, psychologist, or certified social worker, has supplied a notarized release dated no more than 90 days prior to this request, and has signed an acknowledgment re non-disclosure (§ 63-2-202(2))

Protected: _____ Requester is person who submitted the record (§ 63-2-202(4)(a))
 _____ Requester is entity whose interests were sought to be protected by classification (§ 63-2-202(4)(b)(i))
 _____ Requester is person who submits a notarized release from person or agency whose interests were sought to be protected by this classification (§ 63-2-202(4)(b)(i-ii))

Court Order: _____ Disclosure required pursuant to court finding for release (§ 63-2-202(7); 63-2-207)

If classifications restricts access, can information be segregated to allow disclosure (§ 63-2-307)? YES / NO

If yes, what information was segregated:

Response to request: _____ Approved
 (§ 63-2-204) _____ Record not maintain by agency; notify requester of correct agency (if known)
 _____ Notified of extension of time due to extraordinary circumstances
 _____ Denied (§ 63-2-205). Reason(s) for denial are as follows:
 _____ Access governed by law other than GRAMA or not a "record" (§ 63-2-201(3)(b))
 _____ Requester is not allowed access pursuant to above record classifications
 _____ Other:

Copy fees (§ 63-2-203) — fill in blank only if the copy fees exceed \$5.00 or waiver is granted

Amount: _____ Reason for additional fees:
 Fees Waived: _____ Reason: _____ Approved Signature

_____ Date Reviewed _____ Approved Signature _____ Date Notified _____ Date Sent/Retrieved

How was identification verified? _____ Number: _____