



SL Valley Emergency Communications Center

GRAMA Request for Records

5360 S. Ridge Village Dr. West Valley City, UT 84118

Records: 801-840-4011 | Admin: 801-840-4100 | Fax: 801-840-4040

Records Email: records@vecc911.com

Date of request: _____

Requestor name: _____ Contact phone #: _____

Requestor address: _____

Contact email for records access: _____

RECORDS NEEDED: (CHECK ALL THAT APPLY) **911 AUDIO** **CAD REPORT** **RADIO CHATTER**

DESCRIPTION OF RECORDS SOUGHT: (RECORDS MUST BE DESCRIBED WITH REASONABLE SPECIFICITY)

Case # (if available): _____ Date of incident: _____

Name of individual(s) calling 911: _____

Phone #(s) used to call 911: _____

Address of incident: _____

Nature of 911 call/ report made: _____

Relationship between requestor & individual calling 911: _____

Reason for requesting these records: _____

OTHER PERTINENT INFORMATION THAT WILL HELP IN LOCATING THE CORRECT RECORDS CAN BE WRITTEN IN THE BOX BELOW:

- I would like to inspect the record.
- I would like to receive a copy of the record. I understand there will be fees for these records that I will be responsible to pay. (A minimum fee of \$20 will apply.)
- I would like to receive a copy of the record and request a waiver of costs because: (please provide proper documentation proving you have the right to access these records)
 - Release of the records primarily benefits the public rather than me.
 - I am the subject of the record.
 - I am the authorized representative of the subject of the record.
 - My legal rights are directly affected by the records, 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.
- 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. (Please attach documentation required by U.C.A 63-2-204(3).)
- Other, Explain: _____

REQUESTOR MUST INCLUDE A VALID COPY OF PHOTO ID AND/OR ID OF COUNCIL WHEN SUBMITTING THIS FORM (Utah Code 63G-2-202)

Request is subject to denial without proper identifications.

EMAIL COMPLETED FORM TO: Records@vecc911.com



STOP! BOTTOM PORTION TO BE FILLED OUT BY SLVECC PERSONNEL



FOR SLVECC USE ONLY

Date Request Received: _____ Time Request Received: _____

How Request was Received: WALK-IN EMAIL Request Received By: _____

Records Provided (check all that apply): 911 Audio CAD Report Radio Chatter

GRAMA FEE TOTAL: _____ Records Provided Via: Secure Link Paper Copy of Original

Records Provided By: _____ Date Provided: _____