

**SANPETE COUNTY SHERIFF'S OFFICE**  
**RECORDS REQUEST**

(Amended 02/20/2018)

REQUESTER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

If records are filed by Social Security Number, provide that number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

In accordance with the Governmental Records Access Management Act, I am requesting to

view       copy      the following record(s) specifically described:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which I believe are collected, filed, and /or used by the following:

Sanpete County Sheriff's Office

1500 S Hwy 89, PO Box 130

Manti, UT 84642

If requested records are not public, explain why you believe you are entitled to access:

- I am the subject of the record. (private records)
- I am the person who submitted the record. (protected records)
- I am authorized to have access by the subject of the record or by the person who submitted the information. Documentation required by UCA 63G-2-202, is attached.
- Other (explain) \_\_\_\_\_

Sanpete County, and Sanpete County Sheriff's Office are not responsible for any further dissemination of this material, after information is released to me. By signing this request, I acknowledge that they are not responsible for further dissemination of information classified as Private, Protected, or Controlled.

\*Signature: \_\_\_\_\_

If requested records are classified "Controlled" sign the following:

**ACKNOWLEDGMENT**

I hereby acknowledge that I am a physician, psychologist, or certified social worker and that I will not disclose controlled information to any person, including the subject of the record, except in response to a lawful order of the State Records Committee or the District Court.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Black and white copies**

- \$5 for 1 to 10 pages
- \$25 for 11-50 pages
- \$.50 per page thereafter

**Color Copies**

- \$1.00 per page

**DashCam Video/DVD**

- \$25 per video/DVD

**Photos**

- \$25 per CD
- \$2 per printed page

**Sanpete County Sheriff's Office  
NOTICE OF DENIAL**

Date: \_\_\_\_\_

Requester: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your request for the following records or portion of records has been denied.

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The information requested is classified as:

- Private, legal citation §63G-2-302 or 303
- Controlled, legal citation § 63G-2-304
- Protected, legal citation § 63G-2-305
- Governed by court rule, another state statute, federal statute, or federal regulation \_\_\_\_\_

You have the right to appeal the denial to the chief administrative officer (UCA63-2-205(2) (c ) (1992)). A notice of appeal must be submitted within 30 days. Your notice of appeal must include your name, mailing address, a daytime telephone number, and explanation of what relief you are seeking. Any supporting information should also be included.

This should be sent to the following:

Chief Administrative Officer: Scott Bartholomew

Business Address: 160 North Main, Manti, Utah 84642

Thank you, \_\_\_\_\_  
(signature of agency representative)

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FOR AGENCY USE ONLY

Date request received: \_\_\_\_\_ Person reviewing request: \_\_\_\_\_

How is the record series classified?

- \_\_\_\_\_ Private (UCA 63-2-302)
- \_\_\_\_\_ Controlled (UCA 63-2-303)
- \_\_\_\_\_ Protected (UCA 63-2-304)
- \_\_\_\_\_ Exempt or governed by another statute (UCA 63-2-201 (3) (b))

If records are not public, how was identification verified:

\_\_\_\_\_

Response Dates: \_\_\_\_\_

Request approved; Records sent \_\_\_\_\_ Copying fee(s): \_\_\_\_\_

Request denied; Denial sent: \_\_\_\_\_ Extraordinary circumstance extension time:

Notified requester records not maintained by this agency Sent: \_\_\_\_\_

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