

Serving Proudly Since 1857



Cache County Sheriff's Office
1225 W Valley View Logan, UT

Request for Records

If done by mail, notarize signature and send completed request to:

Cache County Sheriff's Office, Attn: Records Custodian
1225 West Valley View, Suite 200, Logan, Utah 84321

Name: _____ DOB: _____ Daytime Phone: _____

Address: _____
City State Zip Code

Check one of the following and attach necessary documentation:

- I am the subject of the record and have furnished a driver license or other picture ID.
I am the person who provided information for the record and has furnished a driver license or other picture ID.
I am the parent or guardian of a minor child who is the subject of the records and have provided proof of said relationship with government documents (i.e. birth certificate, court papers).
I am an immediate family member of a deceased person and have provided a copy of a death certificate to obtain a copy of the incident relating directly to the death.

Specific record/records requested by Incident # or Date of Occurrence (mark all that apply):

- Incident # _____ Date of Incident: _____
Photos related to the Incident (\$20/CD)
Jail Records Dating from _____ to _____ (\$7 up to 10 pages, \$.50/page thereafter)

A copy of the requested record will be ready for pick-up or review on Thursday.
Requests filed after Tuesday will not be available until Thursday of the following week.
Note: Active reports are not available for release or review until they have been cleared.
Any record not picked up within 60 days will be destroyed and payment will not be refunded.

Please mark one of the following:

- I would like to inspect the records. There is no charge to inspect records if done in a reasonable amount of time. These records cannot leave the building and may not be copied. Your appointment is scheduled for _____ at _____ am/pm.
I would like to receive copies of the records. I understand that I will be responsible for copy cost. I authorize costs of \$7.00 for each individual printed report, and \$20.00 for photo CD. For jail records, I understand that the cost will be \$7.00 for up to ten pages, and \$.50/page thereafter. I further understand that I am responsible for this financial obligation upon requesting a report copy.
I would like to receive copies of the records. I request a waiver of copy cost. (If you are indigent you must file for impecuniosity with the courts and show a copy of the court document to receive copies free.)
I am requesting expedited response. (Please attach information that shows your status as a member of the media and a statement that the records required for a story for broadcast or publication; or please attach other information that demonstrates that you are entitled to expedited response under U.C.A. 63-2-204(3).

Signature _____

Date _____

FOR SHERIFF'S OFFICE USE ONLY

Date request received: _____

Limit for response 5 days
 10 days

Classification: Private _____ Controlled _____
Protected _____ Public _____
Access is governed by a law other than GRAMA _____
Requested document is not "record" under GRAMA _____

Is access authorized? (Complete this section if records are private, controlled or protected).

Private: _____ Requester is the subject of the record.
_____ Requester is other person authorized by U.C.A. 63-2-202(1) and has supplied required documentation.

Controlled: _____ Requester is a physician, psychologist or certified social worker and has supplied a notarized release dated no more than 90 days prior to this request and has signed and acknowledged re-nondisclosure. U.C.A. 63-2-202(2).
_____ Requester is not entitled to access.

Protected: _____ Requester is person who submitted record.
_____ Requester is other person authorized by U.C.A. 63-2-202(4) and has supplied required documentation.
_____ Requester is not entitled to access.

How was identification verified? _____

Response to request: (see U.C.A. 63-2-204)

- _____ Approved, requester notified on ____/____/____.
_____ Denied – requester notified on ____/____/____.
_____ Requester notified agency does not maintain record and if known was also notified of name and address of agency that does maintain record on ____/____/____.
_____ Extension of time claimed for extraordinary circumstances. Required notice sent on ____/____/____. See U.C.A. 63-2-204(3) (iv).

Copy fees: Amount \$ _____ or, if waived, waiver approved by _____.

Signature