

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

(Amended 3/29/2006)

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:

|  |                |
|--|----------------|
|  | Name of Agency |
|  | Agency Address |
|  |                |

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

- \_\_\_\_ I am the subject of the record. (for private records)
- \_\_\_\_ I am the person who submitted the record. (for 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 63-2-202, is attached.
- \_\_\_\_ Other (explain)

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

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 protected as Private, Protected, or Controlled.

\_\_\_\_\_

**NOTICE OF DENIAL**

Date: May 23, 2006

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

The records that you have requested are classified as "Protected."

These records are protected from disclosure by the following:

Court Order:

Statute: UCA 63-2-304

(citation)

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: Bruce Blackham

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: \_\_\_\_\_

Copying fee(s) \_\_\_\_\_

Response Dates:

Request approved: \_\_\_\_\_ Records sent: \_\_\_\_\_

Request denied: \_\_\_\_\_ Denial sent: \_\_\_\_\_

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

Extraordinary circumstance extension time: \_\_\_\_\_ Sent \_\_\_\_\_