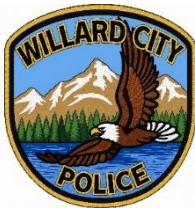


WILLARD CITY POLICE DEPARTMENT

Records Request Form

80 W 50 S
Willard, Utah 84340



Office: 435-734-9889
Dispatch: 435-723-6890

Please return form to: Willard City Police Department, or email to lclark@willardcityut.gov

Requestor's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Case Number: _____

Detailed description of record being requested:

- I would like to view/inspect the record.
- I would like to receive copies of the record. I understand the city charges a fee for copies of the record and that copies will be provided subject to fees being paid. I authorize costs of up to \$_____. If costs are greater than the amount I have specified, I further understand that I will be contacted and if I do not respond, the city will not fulfill the request. I understand the city has 10 business days to respond to this request.

Signature: _____ Date: _____

For Willard City Police Use

Date Request Received: _____ Time Received: _____

APPROVED- Requestor notified on: _____

Notified by: ___ Telephone ___ Mail ___ Fax ___ E-mail

Comments: _____

DENIED- Written denial sent on: _____

Denial notice has been attached to this form.

OFFICE DOES NOT MAINTAIN RECORD- Requestor notified on: _____

If known, requestor was notified of name and address of agency that does maintain the record.

EXTENSION OF TIME NEEDED- Requestor notified on: _____

Extension Notice attached to this form.

COPY FEES, if applicable: _____

Request filled by: _____ Date: _____ Time: _____