SANPETE COUNTY SHERIFF'S OFFICE RECORDS REQUEST

P.O. Box 130

Manti, Utah 84642

(Amended 5/5/2015)

Y DDDECC.			
DAYTIME TELEPHONE:	DATE:		
If records are filed by Social Security Number, provide that number:			
In accordance with the Governmental Reco () view () copy the following record(s) s	Agency Address ted records are not public, explain why you believe you are entitled to access: me the subject of the record. (protected records) me the person who submitted the record. (protected records) muthorized 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 titached. her (explain) care records are classified "Controlled" sign the following: ACKNOWLEDGMENT hereby acknowledge that I am a physician, psychologist, or certified social worker and that I will se controlled information to any person, including the subject of the record, except in response to reder of the State Records Committee or the District Court. Signature Signature Signature Signature DashCam Video/DVD \$5 for 1 to 10 pages \$5 for 1 to 10 pages \$5 for 11-50 pages Photos		
		who submitted the information. Do attached. Other (explain)	ocumentation required by UCA 63G-2-202, is
I hereby acknowledge that I am a phys not disclose controlled information to any person	sician, psychologist, or certified social worker and that I will on, including the subject of the record, except in response to		
Date	Signature		
dissemination of this material, after information	n is released to me. By signing this request, I acknowledge		
Black and white copies - \$5 for 1 to 10 pages			
Color Copies - \$1.00 per page	- \$2 per printed page		