PARK CITY POLICE DEPARTMENT
REQUEST FOR RECORDS RELEASE

DESCRIPTION OF RECORD REQUESTED/CASE NUMBER: __________________________

________________________________________

REQUESTED BY: ____________________________
(PLEASE PRINT FULL NAME)

MAILING ADDRESS: __________________________

________________________________________

DAYTIME PHONE: ___________ EMAIL ADDRESS: __________________________

I.D./LICENSE NO.: ___________________________ STATE: ___________
(ONLY PHOTO IDENTIFICATION ACCEPTED)

DATE OF BIRTH: ___________ / ___________ / ___________
Month Day Year

REQUEST DATE: ___________ REQUEST TIME: ___________

REASON FOR REQUEST/REPRESENTING: ________________________________________

WHAT IS YOUR INVOLVEMENT: ______________________________________________

AS THE UNDERSIGNED, I UNDERSTAND THAT ANY FALSE OR MISLEADING
INFORMATION PLACED ON THIS REQUEST MAY MAKE ME SUBJECT TO CRIMINAL
PROSECUTION FOR SUPPLYING FALSE INFORMATION TO A POLICE AGENCY AS WELL
AS OBTAINING GOVERNMENT RECORDS BY FALSE PRETENSES.

SIGNATURE OF REQUESTER: ________________________________________________

NOTICE OF IDENTIFICATION REQUIRED

AS REQUESTER OF THE RECORD, IF YOU ARE UNABLE TO APPEAR IN PERSON
AND PRESENT PHOTO IDENTIFICATION TO RECEIVE THE DOCUMENTS AND WISH TO
HAVE THEM MAILED, YOU MUST SIGN THIS DOCUMENT BEFORE A NOTARY PUBLIC.

STATE OF ____________________________
COUNTY OF __________________________

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 20____
BY ____________________________, KNOWN BY ME TO BE THE PERSON NAMED
ABOVE.

NOTARY PUBLIC: ____________________________
MAILING ADDRESS: ____________________________
MY COMMISSION EXPIRES: ____________________________

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