

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: _____