



**DEPARTMENT OF PUBLIC SAFETY
GRAMA REQUEST FOR RECORDS**



Name: _____

Address: _____ City, St, Zip _____

Day time phone #: _____ E-mail: _____

Description of record sought: _____

- ☐ I would like to inspect the records
- ☐ I would like to receive copies of the record. The cost for copies of police reports is \$5. I authorize up to \$_____ and understand that I will be contacted if there are additional costs.
- ☐ I am the subject of the record.
- ☐ I am the person who provided the information.
- ☐ I am authorized to have access by the subject of the record or by the person who submitted the information. (Provide authorization)

NOTE: 1) Copies of the information being requested will be provided as soon as reasonably possible. The law provides 10 business days after receiving a written request to provide the record, deny the request, or notify the requester that it cannot immediately provide a response due to extraordinary circumstances.
2) This request may be delayed if all the information is not provided.

Signature of Requestor

Date of Request

DEPARTMENT USE ONLY

Date request received: _____ Date due: _____ Date completed: _____

Authorizing signature: _____

Record(s) provided: _____

ID Type: _____ ID #: _____

Fee collected: \$_____ Authorization if fee waived: _____