

Utah Department of Public Safety Request for Records by Mail

(NOTE: This form DLD 266M, or its substantial equivalent, shall be used by all persons making a request by mail for records of the Department of Public Safety pursuant to Utah Code Annotated Subsection 63G-2-204-(1) unless waived by the Department of Division.)

Please type or print all information

Utah DL # _____ DOB: _____

Name of Requester: _____ Phone Number: _____

Organization (if any): _____ Date of Request: _____

Mailing Address: _____

Description of Record(s) Requested: _____

Fee of \$ _____ enclosed.

Certification of Requester

(References are to the Government Records and Management Act, Chapter 2, Title 63, Utah Code Annotated.)

I hereby represent and/or certify that I: (Check all that apply)

- Am the subject of the record(s) 63G-2-202(1)(a);
- Am the parent or legal guardian of the unemancipated minor or a legally incapacitated individual who is the subject of the record(s) 63G-2-202(1)(b) or (c);
- Have the power of attorney from the subject of the record(s) 63G-2-202(1)(d)(1) or 63G-2-202(4)(b)(1);
- Have attached a notarized release from the subject of the record, or his legal representative, dated within 90 days of this request 63G-2-202(1)(d)(ii), 63G-2-202(3)(b)(ii);
- Have attached a copy of a court order pursuant to Subsection 63G-2-202(1)(e), 63G-2-202(2)(a)(ii), or 63G-2-202(3)(c), if necessary.

Certification Statement: I certify under penalty of law that I am entitled to personal information from the requested record(s). I am aware that there are criminal and civil penalties for knowingly obtaining, disclosing, or using personal information for a purpose not permitted under DPPA (18U.S.C§2721-2724) and under GRAMA (U.C.A. § 63G-2-202).

(Signature of person requesting record(s))

Subscribed and sworn to me this _____ day of _____, 20 _____

In the County of _____, State of _____

Notary Signature: _____

Notary Expires: _____

Notary Public Seal or Stamp