

Government Records and Management Act

REQUEST FOR RECORDS

REQUESTOR'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY TELEPHONE (where you can be contacted, if necessary) _____

DESCRIPTION OF RECORD SOUGHT _____

_____ I would like to view / inspect the record. I understand that the City charges a fee for research and compilation, as per Utah Code 63-2-203(a)(b). I authorize costs of up to \$_____. I further understand that the City will contact me if estimated costs are greater than the amount specified, and that the City will not respond to a request if I have not authorized adequate costs.

_____ I would like to receive copies of the record. I understand that the City charges a fee for copies of records, and that copies will be provided subject to fees being paid. I authorize costs of up to \$_____. If costs are greater than the amount I have specified, I further understand that the office will contact me and will not respond to a request for copies if I have not authorized adequate costs.

_____ I am requesting expedited response. (Please attach information that demonstrates you are entitled to an expedited response under UCA 63-2-204(3)).

SIGNATURE

DATE

.....
RESPONSE TO REQUEST – FOR OFFICE USE ONLY

DATE REQUEST RECEIVED _____ TIME _____

DATE REQUEST REQUIRED (10 business days normal; five business days expedited) _____.

() APPROVED – Requestor notified on _____.

() DATE INFORMATION PROVIDED _____.

() DENIED – Written denial sent on _____.

() REQUESTOR NOTIFIED that this office does not maintain the desired record; and, if known, was also notified of name and address of agency that does maintain record on _____.

() EXTENSION OF TIME for extraordinary circumstances. Required notice on _____.

() COPY FEES: \$_____ If waived, approved by _____

() RESEARCH FEES: \$_____ If waived, approved by _____

() COST AUTHORIZATION OBTAINED from requestor on _____

STAFF SIGNATURE

DATE