



4150 South 3900 West  
West Haven, UT. 84401  
Phone (801) 731-4519  
Fax (801) 731-1002

## Records Request Form

Description of records sought (records must be described with reasonable specificity):

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I would like to inspect (view) the records.      Yes       No

I would like to receive a copy of the records. I understand that I may be responsible for fees associated with copying charges or research charges as permitted by UCA 63G-2-203.

Yes       No       I authorize costs up to \$ \_\_\_\_\_

UCA 63G-2-203 (4) encourages agencies to fulfill a records request without charge. Based on UCA 63G-2-203 (4), I am requesting a waiver of copy costs because:

Releasing the record primarily benefits the public rather than a person. Please Explain:

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I am the subject of the record.

I am the authorized representative of the subject of the record.

My legal rights are directly affected by the record and I am impoverished. (Please attach information supporting your request for a waiver of the fees.)

If the requested records are not public, please explain why you believe you are entitled to access.

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. Documentation required by UCA 63G-2-202, is attached.

Other. Please explain:

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I am requesting expedited response as permitted by UCA 63G-2-204 (3) (b). (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or other information that demonstrates that you are entitled to expedited response.)

Yes  No

**Requester's Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Daytime telephone number** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

<b>Date filled</b> _____	<b>Amount \$</b> _____
<b>Received</b> _____	<b>Date</b> _____
<b>(Signature)</b>	