



RECORDS REQUEST FORM

Please Print

To: _____
(Name of City Department holding records)

Description of records sought (must be described specifically, attach additional pages if needed):

- I would like to inspect the records.
- I would like to receive a copy of the records. I understand that I will be responsible for copy costs.
_____ I authorize costs of up to \$_____.
- I would like to receive a copy of the records and request a waiver of copy fees because:
 - Release of the records primarily benefits the public rather than me.
 - 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 impecunious.
(Please attach information supporting your request for a waiver of 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 the parent or legal guardian of a minor who is the subject of the record.
- I have a power of attorney or notarized release from the subject of the record or provider of the information.
- I am authorized to have access by the subject of the record or by the person who submitted the information. **(Please attach required Third Party Consent Form, UCA 63-2-202)**
- Other. Explain. _____

- I am requesting expedited response. **(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 please attach other information that demonstrates that you are entitled to expedited response under UCA 63-2-203(3).)**

Requestor Information:

Name: _____

Address: _____

City, State, Zip code: _____

Daytime Telephone: _____

Signature

Date

FOR DEPARTMENT USE ONLY

Date request received: _____ Time limit for response: _____

Classification: Public Private Protected Controlled
 Limited by another statute, regulation or Court Rule (Specify)

Is Access Authorized: (complete this section if records are private, controlled, protected, or limited.)

Private: _____ Requester is the subject of the record.
 _____ Requester is another person authorized by Ordinance and has supplied required documentation.
 _____ Requester is not authorized to have access.

Controlled: _____ Requester is a physician, psychologist, or certified social worker, has supplied a notarized release dated no more than 90 days prior to this request, and has signed an acknowledgment regarding nondisclosure.
 _____ Requester is not entitled to access.

Protected: _____ Requester is the person who submitted the record.
 _____ Requester is another person authorized by Ordinance and has supplied required documentation.
 _____ Requester is not authorized to have access.

Limited: _____ Requester is entitled to access.
 _____ Requester is not entitled to access.
 _____ Identification is required before release of the documents.

How was identification verified? (Drivers License, etc.) _____
In addition, Controlled Items need the verification of a Doctors License Number _____, and State of issuance. _____

Response to the Request:

_____ Approved. Requester notified on _____, 20__.
_____ Denied. Written denial sent on _____, 20__.
_____ Requester notified that Department does not maintain subject record, and if known, was also notified of the name and address of the Department or other government entity that does maintain the record on _____, 20__.
_____ Extension of time claimed for extraordinary circumstance.
_____ Required notice sent to requester on _____, 20__.

Copy Fees: \$ _____

Copy Fees waived by: _____
(Please Print)

Hours spent responding to request:
Supervisory / Professional _____ Staff _____

Date: _____
Signature _____