



RECORDS REQUEST FORM

To: City of Orem

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 63G-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 63G-2-204(3).)

Requestor Information:

Name: _____

Address: _____

City, State, Zip code: _____

Daytime Telephone: _____ Email Address: _____

Signature

Date