UTAH GOVERNMENT RECORDS REQUEST FORM

TO: ____________________________________________
(Name of government office holding the records and/or name of agency contact person.)

Address of government office: __________________________________________

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

☐ I would like to inspect (view) the records.
☐ 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. I authorize costs of 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:
_____________________________________________________________________

☐ 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:
_____________________________________________________________________

☐ 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.)

Requester’s Name: ______________________________

Mailing Address: __________________________________________

Daytime telephone number: ___________________________ Date: __________

Signature: __________________________________________