



Town of Apple Valley
 1777 N Meadowlark Drive, Apple Valley Utah, 84737
 (435)877-1190 Fax (435)877-1192
 applevalleyut.org

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 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 phone: _____ **Date:** _____

Signature: _____