



Records Request Form

Requestor Information:

Name			
Street Address	City	State	Zip Code
Phone Number	Email Address	Date and Time of Request	
<p>Requested Record Status (check all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> The requested record is a public record. <input type="radio"/> I am the subject of the requested record. <input type="radio"/> I am the parent or legal guardian of the subject of the requested record. <input type="radio"/> I am the provider of the information in the requested record. <input type="radio"/> I have a “power of attorney” or notarized release from the subject of the record, or from the provider of the information in the requested record. <input type="radio"/> I have a legislative subpoena or court order requesting the record. 			
<p>Description of Requested Record (use additional sheets if necessary)</p>			
<p>Agreement</p> <p>In requesting this record, I understand and agree to the following: I will pay costs associated with the provision of the record (copies are 25 cents per page, certified copies \$5.00 per page, compilation time will be charged at a rate of \$20.00 per hour. I will allow a maximum of ten (10) working days for Lindon City to compile the record, or five (5) days if I show that such expedition will benefit the public more than my person. I will recognize that this completed Records Request Form is a public document.</p>			
<p>_____</p> <p>Signature</p>		<p>_____</p> <p>Date</p>	
<p>Approved on _____ Available on _____ Office Use Only Fee Due _____</p> <p>Denied on _____ Due To _____</p>			

 Signature – Lindon City Recorder