



Records Request Form

Requestor Information:

Name			
Street Address	City	State	Zip Code
Phone Number	Email Address	Date and Time of Request	
Requested Record Status (check all that apply)			
<p><input type="radio"/> The requested record is a public record.</p> <p><input type="radio"/> I am the subject of the requested record.</p> <p><input type="radio"/> I am the parent or legal guardian of the subject of the requested record.</p> <p><input type="radio"/> I am the provider of the information in the requested record.</p> <p><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.</p> <p><input type="radio"/> I have a legislative subpoena or court order requesting the record.</p>			
Description of Requested Record (use additional sheets if necessary)			
Agreement			
<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>			
_____ Signature		_____ Date	
Approved on _____		Office Use Only	
Available on _____		Fee Due _____	
Denied on _____		Due To _____	

Signature – Lindon City Recorder