

**TROPIC TOWN RECORDS REQUEST
UTAH GOVERNMENT RECORDS ACCESS AND MANAGEMENT ACT**

To: _____
(Name of person and/or government office holding records)

(Address of Government Office)

Person making request

Name: _____ Date _____

Mailing Address: _____

Daytime Telephone Number: _____

In accordance with the Governmental Records Access Management Act, I am requesting to:

() View () Copy(s) of the following record(s)

Please describe, listing the exact time period for which the record(s) is/are requested.

If requested records are not public, 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 63-2-202 is attached.

_____ Other (explain): _____

I/We understand that Tropic Town will charge a fee of \$45.00 per hour for research, and the other actual costs of photocopies necessary to process any record requested which is in a form other than the form which is regularly maintained by the Town or any of its departments or agencies. The fee may be waived if the responding department or agency determines that (1) releasing the record primarily benefits the public rather than a person; (2) the individual requesting the record is the subject of the record; and (3) the requester's rights are directly implicated by the information in the record, and the requester is impecunious.

_____ I/We hereby request a waiver of the fees described above for the following reasons (please attach additional sheets if necessary):

Signature: _____

If request records are classified "Controlled" sign the following:

ACKNOWLEDGEMENT

I hereby acknowledge that I am a physician, psychologist, or certified social worker and that I will not disclose controlled information to any person, including the subject of the record, except in response to a lawful order of the State Records Committee or the District Court.

(Date)

(Signature)