UTAH GOVERNMENT RECORDS REQUEST FORM

TO: SANTAQUIN CITY, C/O CITY RECORDER'S OFFICE

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

Address of government office: 275 WEST MAIN

SANTAQUIN, UT 84655 801-754-3211

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:_____