UTAH GOVERNMENT RECORDS REQUEST FORM

TO:	(Name of government office holding the records and/or name of agency contact person.)		
	Addr	ess of government office:	
Descri	cription of records sought (records must be described with reasonable specificity):		
	I would	d 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 6	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.)	
f the re	equested	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:	
П	I am re	equesting 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.)		
Requ	ester's	Name:	
Maili	ng qt'(So ckdAddress:	
Dayti	me tele	ephone number:Date:	
Signa	ture:		