

Requester's Information (Please Print)

PAYSON CITY RECORDS REQUEST

Fees	
Copies per page	\$.25
Certified copies per page + copy cost	\$5.00
Hourly rate plus copy cost	Salary lowest paid
	employee to fill request
Accident reports	\$10.00
CD	\$5.00
Postage	Actual Cost

Name	Day Phone	Day Phone		
Address				
City	State	Zip		
Email Address				

Records Request (Describe specifically including location of event(s), date range, names of person(s), and subject. Attach additional pages if needed.)

I would like to view or inspect the records			Ι	would	like	to	view	or	ins	pect	the	record	ds.
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- ☐ I would like to receive a copy of the records. I understand I am responsible for copy costs as well as any costs for compiling, formatting, summarizing, etc. I authorize costs up to \$______. I further understand that the City will contact me if estimated costs are greater than the amount I have specified and that the City will not fulfill a records request if I have not authorized adequate costs.
- □ I would like to receive a copy of the records and request a waiver of the costs. (Please attach information supporting your request per UCA 63G-2-203(4), which lists situations under which entities may fulfill a request without charge.)

Releasing the record primarily benefits the public.

I am the subject, or authorized representative, of the record.

☐ My legal rights are directly implicated by the information of the record because

, and I am impecunious.

I would like to receive a copy of records that are private, controlled, or protected. (Please attach information
supporting your request per UCA 63G-2-202, which lists the requirements under which entities may disclose these
types of records.

 \square I am the subject of the record.

I am the authorized representative of the subject of the record.

☐ I provided the information in the record.

☐ I am requesting an expedited response (5 days). (Please attach information that shows your status as a member of the media and a statement that the records are required for a story, broadcast, or publication; or attach other information demonstrating that release of this information will benefit the public.

Note: Information will be provided according to UCA 63G-2-204.)

CITY USE ONLY							
Date Received _	Date Due	Date Completed	Amount Due \$				
Received by Completed by		Date Requester Notified	Date Picked Up				
			Hours Postage Supplies				
If fee is waived, fee waiver approved by Print NameSignature							
Classification o	f Records (check all that apply)						
Private	(legal citation UCA 63G-2-302 or 303)						
Control	led (legal citation UCA 63G-2-304)						
Protect	ed (legal citation UCA 63G-2-305)						
Govern	ed by court rule, another state statute,	federal statute, or federal regula	tion				
□ Not a record							
Disclosure of re	stricted records (Is access authorized	1?)					
Private							
1 II vale	Private Image: Requester is the subject of the record Image: Requester is authorized pursuant to UCA 63G-2-202(1) and has supplied required documentation						
Controlled	Requester is not authorized						
	·		l has supplied required documentation				
Protected							
	Requester submitted the re	cord					
Requester is authorized pursuant to UCA 63G-2-202(4) and has supplied required documentation							
	Requester is not authorized	to have access					
Identification provided:							
Response							
Approved, requester notified on							
Denied, written denial sent on							
Requester notified agency does not maintain record on							
Extraordinary circumstances invoked, legal citation							
Consequent arrangements and time limits							