

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 63-2-203. I authorize costs of up to \$ _____.
- UCA 63-2-203 (3) encourages agencies to fulfill a records request without charge. Based on UCA 63-2-203 (3), 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 63-2-202, is attached.
- Other. Please explain: _____

- I am requesting expedited response as permitted by UCA 63-2-204 (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: _____

If records are filed by Social Security Number, please provide that number: _____

FOR AGENCY USE ONLY

Request Received: _____ . Person Receiving Request: _____ .
(Date) (Officer Name)

How is the record series Classified?

- _____ Public (UCA 63-2-301)
- _____ Private (UCA 63-2-302)
- _____ Controlled (UCA 63 -2-303)
- _____ Protected (UCA 63-2-304)
- _____ Exempt or governed by other statute (UCA 63-2-2 1 0(3)(b))

If records are not public, how was identification verified:

RESPONSE DATES:

Request Approved: _____ Records Sent: _____
Request Denied: _____ Denial Sent: _____

Response made by: _____
(Officer Name)

Notified requestor that the records which were requested are not maintained by this agency

(Date)

Extraordinary circumstances extension time: _____

Notification Sent: _____

FEE SCHEDULE

- Accident Report (Simple) - \$5.00 _____
- Pictures - \$1.50 each _____
- CD/Videotape - \$25.00 _____
- Photo Copies - \$0.25 per page _____
- Records Hourly - \$25.00 per hour _____
- Electronic Transmittal - \$5.00 _____
- Postage _____