## UTAH GOVERNMENT RECORDS REQUEST FORM

TO:	(Name of government office holding the records and/or name of agency contact person.)
	Address of government office:
Descri	ption 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:
If the re	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.)  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:
	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.)
Requ	ester's Name: Date of Birth:
Maili	ng Address:
Dayti	me telephone number:Date:
Signatura	