



UTAH GOVERNMENT RECORDS REQUEST FORM

TO: _____ Contact Person: _____
(Department/Office holding the records)

Address of Office: _____ (City) _____ (State) _____ (Zip)

Description of records requested (records must be described with reasonable specificity):

1. Choose One:

- I am requesting access to inspect (view) records; or
- I am requesting _____ copies of the records identified. I understand that I may be responsible for fees associated with copying charges and/or research charges as permitted by UCA 63G-2-203.

2. UCA 63G-2-203 (4) encourages agencies to fulfill a records request without charge. Based on these guidelines, I am requesting a waiver of copy costs because:

- I am the subject of the record or their authorized representative (Attach copy of Release Consent)
- Releasing the record primarily benefits the public rather than a person. Please explain:

- 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)

3. 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. Explain: _____

4. I am requesting expedited response as permitted by UCA63G-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: _____ (Address-PO Box) _____ (City, State) _____ (Zip)

Daytime Telephone No.: _____

Signature of Person Making Request

Date

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FOR AGENCY USE ONLY

Classifications:

- Private: Medical records
Employee performance records
Private individual info (address, telephone, SSN, etc.)
Criminal background
- Controlled: Medical, psychiatric or psychological info
- Protected: Impair on-going investigation, prosecution or trial
Jeopardize life or safety of person
Security concern for government property
Work product (prepared solely for litigation)
Drafts of documents
Litigation strategy records
- Public: No protection

Access Authorization:

- Private: Requester is subject of record.
 Requester is authorized by subject of record.
- Controlled: Requester is a physician, psychologist, social worker, or insurance provider with a signed release from patient.
- Protected: Requester is person who submitted the record.
 Requester is authorized by protected class.
- Public: Any person is authorized to have his record.

Request Response:

- Approved. (Attach ID verification form if necessary)
- Extension required. (Attach extension form)
- Denied. (Attach denial form)

Signature: _____
(Record Manager/Record Custodian)

Date: _____