

SYRACUSE CITY RECORDS REQUEST FORM

Must be submitted in writing to:

Recorders Office, 1979 W. 1900 S., Syracuse, UT 84075
801-825-1477

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 (4) encourages agencies to fulfill a records request without charge. Based on UCA 63-2-203 (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.)
- 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: _____

Date request received: _____ Request approved: _____ Request denied: _____

Date request filled: _____ City Records Manager Signature: _____

_____ pages @ \$.10 each	Total: _____
_____ certified pages @ \$1.00	Total: _____
_____ research hours @ \$10.00 per hour	Total: _____