

South Weber City
1600 East South Weber Drive
South Weber, Utah 84405
Phone: (801) 479-3177 Fax: (801) 479-0066

RECORDS REQUEST FORM

Requester Information:

Please Print: Name: _____ Address: _____ Daytime Telephone: _____ Date: _____ I understand that I may be responsible for the actual costs associated with providing this information. _____ Signature	Status: <input type="checkbox"/> Not applicable because the record is public. <input type="checkbox"/> I am the subject of the record. <input type="checkbox"/> I am the parent or legal guardian of a minor who is the subject of the record. <input type="checkbox"/> I am the provider of the information. <input type="checkbox"/> I have a power of attorney or notarized release from the subject of the record or provider of the information. <input type="checkbox"/> I have a legislative subpoena or court order.
---	---

Description of record(s) requested (**must be described specifically**): _____

Record Request Forms are Public Documents

FOR OFFICE USE ONLY:

Date Received: _____

Time Received: _____ a.m. p.m.

Classification of Record Requested: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Protected <input type="checkbox"/> Controlled

City Response to Record Request: <input type="checkbox"/> Approved _____ Date <input type="checkbox"/> Denied _____ Date <input type="checkbox"/> Request for extraordinary circumstances. (It is estimated that the record will be available on _____) Date

Fee Charged:

Signature of Record Provider