



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

OFFICE USE: Date Rec'd _____ Rec'd by: _____ Response: _____ _____ By: _____ (attach documentation if applicable)

RECORDS REQUEST

Requester's Name: _____

Mailing Address: _____

Daytime Telephone: _____

Email address (optional): _____

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

Fees: As permitted by UCA 63G-2-203, when a governmental entity compiles a record in a form other than that normally maintained by the governmental entity, the actual costs under this section may include the following:

1. The cost of staff time for compiling, formatting, manipulating, packaging, summarizing, or tailoring the record either into an organization or media to meet the person's request;
2. The cost of staff time for search, retrieval, and other direct administrative costs for complying with a request, to include reviewing a record to determine whether it is subject to disclosure.

I would like to inspect (view) the records. I understand I may be responsible for fees associated with this request as permitted by UCA 63G-2-203 and specified within the current City fee schedule. I authorize costs of up to \$_____.

I would like to receive a copy of the records. I understand I may be responsible for fees associated with copying charges or research charges as permitted by UCA 63G-2-203 and specified by the City fee schedule. 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 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.

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.

I am requesting expedited response as permitted by UCA 63G-2-204 (3)(A). (Please attach supporting information that you are entitled to expedited response.)

Signature: _____ **Date:** _____