PAYSON CITY
RECORDS REQUEST

Requester’s Information (Please Print)

Name ____________________________________________ Day Phone ____________________________
Address _______________________________________________________________________________________
City __________________________________________ State __________________ Zip ________________
Email Address _____________________________________________________________________________________

Records Request (Describe specifically including location of event(s), date range, names of person(s), and subject. Attach additional pages if needed.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

☐ I would like to view or inspect the records.

☐ I would like to receive a copy of the records. I understand I am responsible for copy costs as well as any costs for
  compiling, formatting, summarizing, etc. I authorize costs up to $___________. I further understand that the city will
  contact me if estimated costs are greater than the amount I have specified and that the city will not fulfill a records
  request if I have not authorized adequate costs.

☐ I would like to receive a copy of the records and request a waiver of the costs. (Please attach information supporting
  your request per UCA 63G-2-203(4), which lists situations under which entities may fulfill a request without charge.)
  ☐ Releasing the record primarily benefits the public.
  ☐ I am the subject, or authorized representative, of the record.
  ☐ My legal rights are directly implicated by the information of the record because ____________________________,
    and I am impecunious.

☐ I would like to receive a copy of records that are private, controlled, or protected. (Please attach information
  supporting your request per UCA 63G-2-202, which lists the requirements under which entities may disclose these
  types of records.
  ☐ I am the subject of the record.
  ☐ I am the authorized representative of the subject of the record.
  ☐ I provided the information in the record.

☐ I am requesting an expedited response (5 days). (Please attach information that shows your status as a member of the
  media and a statement that the records are required for a story, broadcast, or publication; or attach other information
  demonstrating that release of this information will benefit the public.

Note: The requested information will be provided within ten (10) business days, or five business days if the requester demonstrates the
requirements of an expedited response, and according to UCA 63G-2-204.)

Signature of Applicant ____________________________ Date ____________________________

Fees

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Copies per page</td>
<td>$0.25</td>
</tr>
<tr>
<td>Certified copies per page plus copy cost</td>
<td>$5.00</td>
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<tr>
<td>Hourly rate plus copy cost</td>
<td>$20.00</td>
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<tr>
<td>Accident reports</td>
<td>$6.50</td>
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<tr>
<td>CD</td>
<td>$1.00</td>
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CITY USE ONLY

Date Received ______________ Date Due ______________ Date Completed ______________ Amount Due $______________

Received by ___________ Completed by ___________ Date Requester Notified ___________ Date Picked Up ___________

Copies b/w ____ (8.5x11 ___ 11x17 ___) Copies color ____ (8.5x11 ___ 11x17 ___) Hours ____ Postage ____ Supplies ____

If fee is waived, fee waiver approved by

Print Name __________________________________________________________ Signature ____________________________

Classification of Records (check all that apply)

☐ Public

☐ Private (legal citation UCA 63G-2-302 or 303)

☐ Controlled (legal citation UCA 63G-2-304)

☐ Protected (legal citation UCA 63G-2-305)

☐ Governed by court rule, another state statute, federal statute, or federal regulation

☐ Not a record

Disclosure of restricted records (Is access authorized?)

Private  ☐ Requester is the subject of the record

☐ Requester is authorized pursuant to UCA 63G-2-202(1) and has supplied required documentation

Controlled  ☐ Requester is not authorized to have access

☐ Requester is authorized pursuant to UCA 63G-2-202(2) and has supplied required documentation

Protected  ☐ Requester is not authorized to have access

☐ Requester submitted the record

☐ Requester is authorized pursuant to UCA 63G-2-202(4) and has supplied required documentation

☐ Requester is not authorized to have access

Identification provided: __________________________________________________________________

Response

☐ Approved, requester notified on ________________

☐ Denied, written denial sent on ________________

☐ Requester notified agency does not maintain record on ________________

☐ Extraordinary circumstances invoked, legal citation ________________

Consequent arrangements and time limits ____________________________________________________________________