



PAYSON CITY RECORDS REQUEST

Fees	
Copies per page	\$.25
Certified copies per page + copy cost	\$5.00
Hourly rate plus copy cost	Salary lowest paid employee to fill request
Accident reports	\$10.00
CD	\$5.00
Postage	Actual Cost

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: Information will be provided according to UCA 63G-2-204.)

Signature of Applicant

Date

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 _____