REQUEST FOR RECORDS

Please type or print all information.

Name of Requester: ____________________________________________________________
Organization: _________________________________________________________________
Mailing Address: ______________________________________________________________
Daytime Telephone: _____________________________________________________________
Date of Request: _______________________________________________________________

Detailed Description of Record(s) Requested:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

☐ 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 copy costs, which is normally $.30 per page, and, if applicable, for costs incurred in providing the record in the requested format. I authorize costs of up to $________. I understand that the Division will contact me if estimated costs are greater than the amount authorized herein, and that it will not respond to my request for copies unless I have authorized adequate costs.

☐ I request that the costs of this record request be waived under § 63G-2-203(4) because of one or more of the following:
  ☐ releasing the record primarily benefits the public rather than a person;
  ☐ I am the subject of the record or an individual specified in §§ 63G-2-202(1) or (2); and/or
  ☐ my legal rights are directly implicated by the information in the record, and I am impecunious.

☐ I am requesting expedited response. (Please attach documentation of your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other documentation that demonstrates that you are entitled to expedited response under Utah Code Ann. § 63G-2-204(3).)

EXPLANATORY COMMENTS:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please mail your request to:

Records Officer
Division of ____________
160 East 300 South
Box ____________
Salt Lake City, UT 84114-________

SEE REVERSE SIDE
PLEASE COMPLETE UNLESS YOU REPRESENT A GOVERNMENTAL ENTITY:
I understand that there are criminal penalties for obtaining a government record by false pretenses. I hereby represent and certify under penalty of perjury that I am the requester and that I: (check any that apply)

☐ am the subject of the record(s).
☐ am the person who provided the information in the records.
☐ am the parent or legal guardian of an unemancipated minor or a legally incapacitated individual who is the subject of the record(s).
☐ have a power of attorney from the subject of the record(s) (copy attached).
☐ have a notarized release from the subject of the record, or his legal representative, dated within 90 days from the date of this request (copy attached).
☐ am entitled to the record(s) pursuant to a judicial order (copy attached).
☐ am a contractor or private provider for a governmental entity and the following apply and will be strictly adhered to:
   ☐ the use of the record will produce a public benefit that outweighs the individual privacy right that protects the record or record series; and
   ☐ the record or record series requested:
      ☐ is necessary for the performance of a contract with a governmental entity;
      ☐ will only be used for the performance of the contract with the governmental entity;
      ☐ will not be disclosed to any other person; and
      ☐ will not be used for advertising or solicitation purposes.

______________________________________________        ______________________________________________           Date:  __________________________
(Signature)     (Please type or print title)

PLEASE COMPLETE IF YOU REPRESENT A GOVERNMENTAL ENTITY:
I understand that there are criminal penalties for obtaining a government record by false pretenses. I hereby certify that I am duly authorized to make this request on behalf of _________________________ a governmental entity that: (Check all that apply)

☐ is entitled by law to inspect the record. Cite law: ____________________________.
☐ is required to inspect the record as a condition of participating in a state or federal program or for receiving state or federal funds. Cite law: ____________________________.
☐ serves as a repository or archives for purposes of historical preservation, administrative maintenance, or destruction.
☐ enforces, litigates, or investigates civil, criminal, or administrative law, and the record is needed for that purpose.
☐ is authorized by state statute to conduct an audit and the record is needed for that purpose.
☐ is one that collects information for presentence, probationary, or parole purposes.
☐ is requesting a record or record series which is necessary to the performance of the governmental entity's duties and functions.
☐ is requesting a record or record series which will be used for a purpose similar to the purpose for which the information in the record or record series was collected or obtained.
☐ is requesting a record or record series, the use of which will produce a public benefit that outweighs the individual privacy right that protects the record or record series.

______________________________________________        ______________________________________________           Date:  __________________________
(Signature)     (Please type or print title)

**********************************************************************************************************************************
STATE OF __________________________________ )   : ss.  
COUNTY OF ____________________________________ )  
SUBSCRIBED to before me this _____ day of ____________, ____.

(Seal)  
NOTARY PUBLIC
Commission Expires: