

Date received:  
Date mailed/picked up:  
Fee: \$

## KAMAS CITY RECORDS REQUEST

170 N. Main, Kamas Utah, 84036

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

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- 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 fees associated with copying charges or research charges as permitted by UCA 63-2-203. I authorize costs of up to \$\_\_\_\_\_.
- UCA 63-2-203 (4) encourages agencies to fulfill a records request without charge. Based on UCA 63-2-203 (4), I am requesting a waiver of copy costs because:
- Releasing the record primarily benefits the public rather than a person. Please explain: \_\_\_\_\_
- \_\_\_\_\_
- I am the subject of the record.
- I am authorized representative of the subject of the record.
- I am impoverished and my legal rights are directly affected by the record. (Please attach information supporting your request for a waiver of the fees.)

### 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 63-2-202, is attached.
- Other, Please explain: \_\_\_\_\_
- \_\_\_\_\_
- I am requesting expedited response as permitted by UCA 63-2-202 (3)(b). (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or other information that demonstrates that you are entitled to expedited response.)

**REQUESTER'S NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**DAYTIME TELEPHONE NUMBER:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_