

UTAH GOVERNMENT RECORDS REQUEST FORM

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(Name of government office holding the records and/or name of agency contact person.)

Address of government office: _____

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

I would like to	inspect (view) the records
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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 63G-2-203. 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 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 the authorized representative of the subject of the record.

My legal rights are directly affected by the record and I am impoverished. (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 person who provided the information.

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I am the subject of the record.

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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.



Other. Please explain:

160 East 300 South, 3rd Floor • PO Box 146600 • Salt Lake City, Utah 84114-6600 • Telephone (801) 530-6800 Facsimile (801) 530-6390 • Toll Free (800) 530-5090 • www.laborcommission.utah.gov

	I am requesting expedited response as permitted by UCA 63G-2-204 (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.)
Reque	ster's Name:
Mailin	g Address:
Daytir	ne telephone number:Date:
Signat	ure: