

KAYSVILLE CITY
RECORDS REQUEST FORM

To: _____
(Name of person and/or department holding records)

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

____ I would like to inspect the records.

____ I would like to receive copies of the records. I understand that I will be responsible for copy costs. I authorize costs of up to \$_____. I further understand that the city will contact me if estimated costs are greater than the amount I specified and that the city will not respond to a request for copies if I have not authorized adequate costs.

____ I would like to receive copies of the records. I request a waiver of copy costs due to the following reason (please list situation under which city is encouraged to provide copies without charge):

If applicable, check one of the following and attach necessary documentation:

____ 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.
____ Other, explain: _____

My name is: _____

My address is: _____

My phone number is: _____ My email is: _____

____ I am requesting expedited response because: _____

Signature: _____ Date: _____

The response to a request may be delayed if not directed properly. Consult the City Recorder/Records Manager at 801-546-1235 if you have questions.