



Request for Records

Community & Economic Development
451 South State Street, Room 404
PO Box 145486
Salt Lake City, UT 84114
Phone: 801-535-6230
Fax: 801-535-6005

DESCRIPTION OF RECORDS SOUGHT: Please include a complete address where applicable. Records must be described with reasonable specificity. Attach additional sheet(s), if necessary.

PLEASE READ CAREFULLY, COMPLETE, AND INITIAL:

I understand that I will be responsible for research and copy costs associated with the above request. Per State and City statute, staff time in excess of 15 minutes will be billed at \$10.00 an hour; copy costs may vary depending on the size and type.

I authorize research and copy costs up to \$ _____. INITIALS: _____

_____ I would like to inspect the records.

_____ I would like to receive a copy of the records.

_____ I would like to receive a copy of the records and request a waiver of copy fees because: _____

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 of by the person who submitted the information. (Please attach required documentation.)

_____ Other Explain: _____

PLEASE PRINT CLEARLY

Requestor Name: _____ Daytime Phone: _____

Mailing Address: _____

Email Address (optional): _____