TAIL COMEDNIMENT DECODDS DECUEST FORM

	UTAH GOVERNMENT RECORDS REQUEST FORM
TO:	(Name of government office holding the records and/or name of agency contact person.)
Addre	ess of government office:
Descri	ption of records sought (records must be described with reasonable specificity):
	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 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 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 63G-2-202, is attached.

	Other. Please explain:
	I am requesting expedited response as permitted by UCA 63G-2-204 (3)(b). (Please attach informathat 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.)
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	ime telephone number:Date:
Signa	nture:
Signa	ature: