

Pleasant Grove City Records Request Form

| Name of Person Requesting Records: | | | | |
|--|------------------------------|-----------------------------|--------------------------|-----------------------|
| Street Address | | City | State | Zip Code |
| Date | Day Time Telephone | Email Address | | |
| DESCRIPTION OF RECORD SOUGHT IN DETAIL | | | | |
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| PLEASE INITIAL THOSE THAT APPLY: | | | | |
| I would like to inspect the records. I would like to receive a copy of the record. I understand and agree to the following: I will pay costs associated with the | | | | |
| provision of the record. I authorize the cost up to \$ Employee time to compile and copy a record, the city shall charge Thirty-Five Dollars (\$35.00) per hour. In determining the fee, the city shall round up to the next hour | | | | |
| period for times in between. I further understand that I will be contacted if the estimated costs are greater than the amount I | | | | |
| have specified and the city will not respond to a request until I have authorized adequate costs. Photocopies shall be \$.25 per copy for 8 $\frac{1}{2}$ x 11 one-sided copies, double-sided copies (8 $\frac{1}{2}$ x 11) shall be \$.50 per copy, 11 x 14 and larger photocopies shall be | | | | |
| \$.75 per copy, colored copies (per copy) are: 8 ½ x 11, \$2; 11 x 17, \$4; 22 x 17, \$8.50; 36 x 24, \$15; and 42 x 36, \$25. | | | | |
| I would like to would like to receive copies of the records and request a waiver of costs. (Please attached information supporting your request. (See UCA 63G-2-203(04).) | | | | |
| I am the subject of the requested record. I am the provider of the information in the requested record. | | | | |
| I am authorized to have access by the subject of the records or by the person who submitted the information. (Provide | | | | |
| authorization) I am requesting expedited response. (Please attach information that shows your status as a member of the media and records | | | | |
| are required for a story, for broadcast or public action; or attached other information that demonstrates that you are to | | | | |
| expedited response | under UCA 63G-2-204(3).) | | | |
| Note: Copies of the information requested will be provided as soon as reasonably possible, but no later than ten | | | | |
| business days after receiving a written request or five business days after receiving a written request if the requester | | | | |
| | dited response to the record | request benefits the pub | lic rather than the pers | son. I recognize this |
| record request forn | n is a public record. | | | |
| Signature | | Date | | |
| | This request may be dele | ayed if all the information | tion is not provided | |
| EOI | R OFFICE USE ONLY | | | |
| | | Due Date: | | |
| | | Date Comp | leted: | |
| Completed by: | | Date picked | 1 up: | |
| Amount Due: | | | | |