

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				
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:				