

CLEARFIELD CITY RECORDER
(801) 525-2714
(801) 525-2869 - Fax

55 South State Street
Clearfield, Utah 84015

RECORDS REQUEST

Requester: _____
Name Daytime telephone

Address: _____
City, State, Zip

Email: _____

I

In accordance with the Governmental Records Access Management Act, I am requesting
 to inspect to copy a certified copy
of the following records: (Must be very specific)

I understand that the cost of copying, certifying and research are my responsibility and authorize costs up to \$_____.

Copies--\$.25 each side per page; Certification--\$2 each;
Research, 1-30 minutes--no charge; over 30 minutes--\$14 per hour.

II

If records requested are not public, 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. Affidavit required by UCA 63G-2-202 is attached.
_____ Other (explain)

III

_____ I am requesting expedited response. (Please attach information that 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 please attach information that demonstrates that you are entitled to expedited response.)

IV

Signature Date