



HIGHLAND CITY

Response Due Date: _____

Government Records Access Management Act

REQUEST FORM

To: Highland City Recorder
5400 West Civic Center Dr.
Highland, Utah 84003

Requestors' Name: _____
Please Print Clearly

Mailing Address: _____
Street City State Zip

Contact Phone Number: _____

Description 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 shall be responsible for fees associated with copying charges or research charges as permitted by UCA§ 63-2-203.
- I authorize costs of up to \$_____. If costs exceed the amount I have specified, I further understand that the office will contact me and will not respond to a request for copies if I have not authorized adequate costs.
- I understand the City has 10 business days to respond to this request.

Requestor's Signature: _____ Date: _____

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 § 63-2-202, is attached.
- Other: I am requesting expedited response as permitted by UCA § 63-2-204 (3) (a).

Explain why: _____
(Releasing the record primarily benefits the public rather than a person.)

FOR CITY USE ONLY

Classification of Record:

- Public
 Protected

- Private
 Controlled

If access authorized, please explain: (See UCA §63-2-202) _____

How was identification verified? _____

Response to request: (See UCA § 63-2-204)

Approved, requester notified on _____

Denied, written denial sent on _____

Requester notified agency does not maintain record, and, if known, was also notified of name and address of agency that does maintain record on:

Extension of time claimed for extraordinary circumstances. _____

Required notice sent: Date: _____ By: _____ (See UCA § 63-2-204(5))
Please attach letter to this document.

Copy fees: Amount _____ Mailing Fees: _____

How many paper copies were made: Black and White: _____ Color: _____

Copies - Duplicating: .15¢ for 8½ x 11 - all other sizes of paper .40¢ each

*Summarizing, compiling, or tailoring of records in a form to meet the request:
\$13.00 an hour - (No charge for the first ½ hr.)
Colored Copies .40¢ each page (8½ x 11)
Certified Copies: \$5.00 each page*

OTHER: _____

Time spent responding to request: _____ (No charge for first half hour of staff time)

Recorders Signature: _____ Date: _____

Completed: _____ Date: _____

Notes: _____
