

**ALPINE CITY GOVERNMENT RECORDS REQUEST FORM**

**TO:** \_\_\_\_\_  
(Name of government office holding the records and/or name of agency contact person.)

**Description of records sought (records must be described with reasonable specificity):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 1 I would like to inspect (view) the records.
- 2 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 \$
- 3 Based on UCA 63G-2-203 (4), I am requesting a waiver of copy costs because:
  - a. releasing the record primarily benefits the public rather than a person. Please explain:  
\_\_\_\_\_
  - b. I am the subject of the record.
  - c. I am the authorized representative of the subject of the record.
  - d. 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.)
4. If the requested records are not public, please explain why you believe you are entitled to access.
  - a. I am the subject of the record.
  - b. I am the person who provided the information.
  - c. 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.
  - d. Other. Please explain:  
\_\_\_\_\_  
\_\_\_\_\_
- 5 If you are requesting an expedited response as permitted by UCA 63G-2-204 (3)(b), 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 other information that demonstrates that you are entitled to expedited response..

**Requester's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Daytime telephone number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_