

UTAH DEPARTMENT OF PUBLIC SAFETY
4501 South 2700 West, Salt Lake City, Utah 84114

GOVERNMENT RECORDS REQUEST FORM

To: _____

Address of Government Office: _____

Description of Records Sought: *(Records must be described with reasonable specificity, Utah Code Ann. § 63G-2-204(1)(b))*

Please select one or more of the following:

- ☐ 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 or research charges as permitted by Utah Code Ann. § 63G-2-203. I authorize costs up to: \$ _____ . _____ .
- ☐ Pursuant to Utah Code Ann. § 63G-2-203(4), I am requesting a waiver of costs for the following reason(s):

CERTIFICATION OF REQUESTOR

I, the undersigned, do hereby certify that the following apply to me: *(Check the appropriate box)*

- ☐ 1. I am the subject of the record;
- ☐ 2. I am the person who provided the information;
- ☐ 3. I am authorized to have access by the subject of the record or by the person who submitted the information and the documentation required by Utah Code Ann. § 63G-2-202 is attached;
- ☐ 4. A state, local or federal agency;
- ☐ 5. A member of the press or broadcast media;
- ☐ I am requesting expedited response as permitted by Utah Code Ann. § 63G-2-204 (3)(a). (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.)
- ☐ 6. Other. Please explain: _____

Name of Requestor: _____ Organization (if any): _____

Mailing Address: _____

Daytime Phone Number: _____ Date of Request: _____

Signature: _____ Date: _____