

CLEARFIELD CITY RECORDER
(801) 525-2714
(801) 525-2865 - 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 \$_____.

Search, retrieval, compile, and other direct administrative costs 1-15 minutes--no charge;
over 15 minutes fees assessed at the cost of the hourly rate of the staff member who has the
necessary skills and training to perform the request.

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