



# AMERICAN FORK CITY CORPORATION RECORDS REQUEST

**TO:** \_\_\_\_\_  
**(NAME OF PERSON OR OFFICE HOLDING RECORDS)**

NAME OF PERSON  
REQUESTING RECORDS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**DESCRIPTION OF RECORD SOUGHT (DESCRIBE IN DETAIL THE  
INFORMATION YOU ARE REQUESTING, INCLUDING APPLICABLE  
ADDRESSES)**

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

\_\_\_\_\_ I would like to inspect the records.

\_\_\_\_\_ I would like to receive copies of the record. I understand that I will be responsible for the costs to provide the records. I authorize the cost up to \$\_\_\_\_\_. I further understand that I will be contacted if the estimated costs are greater than the amount I have specified, and that the city will not respond to a request for copies that I have not authorized adequate costs.

\_\_\_\_\_ I would like to receive copies of the records. I request a waiver of costs. Please attach information supporting your request. See UCA 63G-2-203 (04).

- \_\_\_\_\_ 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. (Provide authorization)
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ I am requesting expedited response. Please attach information that shows your status as a member of the media and records are required for a story, for broadcast or publication; or attach other information that demonstrates that you are entitled to expedited response under UCA 63G-2-204 (3).

Copies of the information requested will be provided as soon as reasonably possible, but no later than ten business days after receiving this written request, or five business days after receiving a written request if the requester demonstrates that expedited response to the record request benefits the public rather than the person.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

\*\*This request may be delayed if all the information is not provided.

**CITY USE ONLY**

Date Requested: \_\_\_\_\_ Date Due: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Received by: \_\_\_\_\_ Completed by: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
 Date Requestor notified: \_\_\_\_\_ Date Requestor picked up: \_\_\_\_\_