

**SOUTH OGDEN CITY
REQUEST FOR RECORDS**

Requestors Name _____

Address _____

City _____, State _____ Zip _____

Day telephone number where you can be contacted if necessary _____

Description of record sought _____

Department requested from _____

_____ I would like to view/inspect the record.

_____ I would like to receive copies of the record. I understand that the city charges a fee for copies of records, and that copies will be provided subject to fees being paid. I authorize costs of up to \$ _____. If costs are greater than the amount I have specified, I further understand that the city recorder will contact me and will not respond to a request for copies if I have not authorized costs.

SIGNATURE DATE

RESPONSE TO REQUEST – FOR OFFICE USE ONLY

Date request received _____ Time _____

_____ APPROVED – Requestor notified on _____, 20____.

_____ DENIED – Written denial sent on _____, 20____.

_____ Requestor notified that office does not maintain record; and if known, was also notified of name and address of agency that does maintain record on _____.

_____ Extension of time for extraordinary circumstances.
Required notice sent _____, 20 ____.

COPY FEES \$ _____. If waived, approved by _____.

Cost authorization obtained from requestor on _____, 20 _____.

Signature _____