

**CITY OF TAYLORSVILLE  
RECORDS REQUEST FORM**

TO: **City of Taylorsville**  
2600 West Taylorsville Blvd.  
Taylorsville, UT 84129

Department: \_\_\_\_\_

Requester's Name: \_\_\_\_\_  
Please Print

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Daytime telephone number: \_\_\_\_\_

Identification: \_\_\_\_\_

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

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

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

- I would like to inspect (view) the records.
- I would like to receive a copy of the records. I understand that I shall be responsible for fees associated with copying charges or research charges as permitted by UCA § 63G-2-203. I authorize costs of up to \$ \_\_\_\_\_. If costs exceed the amount I have specified, I further understand that the office will contact me and will not respond to a request for copies if I have not authorized adequate costs. I understand the City has 10 business days to respond to this request.

**If the requested records are not public, please 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. Documentation required by UCA § 63G-2-202, is attached.
- Other. Please explain: \_\_\_\_\_

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

I am requesting expedited response as permitted by UCA § 63G-2-204 (3)(a). (Releasing the record primarily benefits the public rather than a person.)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

FOR CITY USE ONLY

Date request received: \_\_\_\_\_ Time limit for response: \_\_\_\_\_

Classification of Record:

- Public
- Protected
- Private
- Controlled

Is access authorized? (Complete this section if records are private, controlled or protected.)

- Private:**
- Requester is the subject of the record.
  - Requester is other person authorized by UCA § 63G-2-202(1) and has supplied required documentation.
  - Requester is not authorized to have access.
- Controlled:**
- Requester is a physician, psychologist, or certified social worker, insurance provider or producer, or a government public health agency and has supplied a release from the subject of the record that is dated no more than 90 days prior to this request, and has a signed acknowledgement of the terms of disclosure.
  - Requester is not entitled to access.
- Protected:**
- Requester is person who submitted record.
  - Requester is other person authorized by UCA § 63G-2-202(4) and has supplied required documentation.
  - Requester is not entitled to access.

How was identification verified? \_\_\_\_\_

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**Response to request:**  
(See UCA § 63G-2-204)

- Approved, requester notified on: \_\_\_\_\_
- Denied, written denial sent on: \_\_\_\_\_
- Requester notified agency does not maintain record, and, if known, was also notified of name and address of agency that does maintain record on: \_\_\_\_\_
- Extension of time claimed for extraordinary circumstances.  
Required notice sent: \_\_\_\_\_  
See UCA § 63G-2-204(3)(iv)

Copy fees:  
Amount \_\_\_\_\_ Or, if waived, waiver approved by \_\_\_\_\_

Hours spent responding to request:  
Supervisory or professional \_\_\_\_\_ Staff \_\_\_\_\_

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

Notes: \_\_\_\_\_

**Upon Completion, please submit a copy of this Record's Request to the City Recorder.**