REQUEST FOR HILDALE CITY RECORDS

Name:		
Mailing Address:		
Street Address:		
Daytime Phone Number:		Date of Request:
Specifically describe the requesting access to:	records you are requesting, f	ïll out a separate form for each record series you are
What would you like to d	o? Check One.	
View or in	spect the record only	
Receive a	copy of the record	
Fees: (The first three page	es and the first fifteen minutes	are provided at no charge.)
Copy of the record:	at \$0.40 per page, each pri	nted side constitutes one page.
Staff Time:	1 0	, formatting, manipulating, packaging, summarizing, etrieving the record either into an organization or media
Administrative Costs:	Other administrative cost limited to compact discs, I	ts for complying with the request, including but not USB memory sticks, etc.
	in fees may apply to this required before work begins to fill this	uest. If such fees are expected to exceed \$50.00 pre- request.
Requestor Signature:		Date Signed:
CITY OFFICE USE		
Reviewed by:		Date:

HILDALE CITY OFFICE USE ONLY

Classification of Record (Check all that apply):

 Public record provided on
 Private, UCA 63G-2-302, 303
 Controlled, UCA 63G-2-304
 Protected, UCA 63G-2-305
 Governed by court rule, state statute, federal statute, or regulation.
 Not a Record

Disclosure of restricted records:

Private:	 Requester is the subject of the record
	 Requester is authorized pursuant to Utah Code § 63G-2-202(1) and has supplied
	required documentation
	 Requester is not authorized to have access
Controlled:	 Requester is authorized pursuant to Utah Code § 63G-2-202(2) and has supplied
	required documentation
	 Requester is not authorized to have access
Protected:	 Requester submitted the record
	 Requester is authorized pursuant Utah Code § 63G-2-202(4) and has supplied
	required documentation
	 Requester is not authorized to have access

Response:

 Approved, requester notified on
 Denied, written denial sent on
 Requester notified agency does not maintain record on
 Extraordinary circumstances invoked, legal citation
 Consequent arrangements and time limits

Fee:

- _____ \$0.40/page, each printed side is one page. (First 3 pages free). Number of Pages: _____
- \$18/hour of staff time required to fill request. (First 15 minutes free). Number of Hours:
- _____ Administrative Costs: Specify: _____
- _____ Total Amount Due before records are released