

LAYTON CITY RECORDER
(801) 336-3880
(801) 336-3889 - Fax

437 North Wasatch Drive
Layton, Utah 84041

RECORDS REQUEST

Requester: _____
Name Daytime telephone

Address: _____
City, State, Zip

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 \$_____.

Copies--\$.25 per page; Certification--\$2 each;

Research, 1-30 minutes--no charge; over 30 minutes--\$10 per hour.

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 63-2-202 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 under Layton City Code 4.01.204(3).)

IV

Signature

Date