



PROVO CITY REQUEST FOR RECORDS (PER GRAMA)

Name _____

Address _____

Phone Number _____ Email _____

City Department(s)/Agency _____

Description of requested records (records must be described with reasonable specificity)

- I would like to inspect the records.
- I would like to receive copies of the records. I understand I will be responsible for copy costs. I authorize costs of up to \$ _____.
- I request a waiver of copy costs for the following reason(s):
 - Release of the records primarily benefits the public rather than me.
 - I am the subject of the record.
 - I am the authorized representative of the subject of the record.
 - My legal rights are directly affected by the record and I am impecunious.
 - Other _____

If the requested records are not public, please explain why you believe you are entitled to access and attach necessary documentation:

- 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.
- Other. Please Explain _____
- I request an expedited response. (Please attach necessary documentation and information.)

Signature _____ Date _____

FOR OFFICE USE ONLY

Completed _____ Fees: \$ _____ Fees waived by _____

Denied (Reason and Date Requestor Notified) _____

Date requestor notified that department does not maintain subject record and, if known, was also notified of the name and address of agency that maintains the record _____