

# SYRACUSE CITY RECORDS REQUEST FORM

Must be submitted in writing to:  
Recorders Office, 1979 W. 1900 S., Syracuse, UT 84075  
801-825-1477

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

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- I would like to inspect (view) the records.
- I would like to receive a copy of the records. I understand that I may be responsible for fees associated with copying charges or research charges as permitted by UCA 63-2-203. I authorize costs of up to \$ \_\_\_\_\_.
- UCA 63-2-203 (4) encourages agencies to fulfill a records request without charge. Based on UCA 63-2-203 (4), I am requesting a waiver of copy costs because:
- releasing the record primarily benefits the public rather than a person. Please explain:  
▪ \_\_\_\_\_  
▪ \_\_\_\_\_
  - 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 impoverished.  
▪ (Please attach information supporting your request for a waiver of the fees.)
- 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 63-2-202, is attached.
  - Other. Please explain:  
▪ \_\_\_\_\_  
▪ \_\_\_\_\_
- I am requesting expedited response as permitted by UCA 63-2-204 (3)(b). (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 other information that demonstrates that you are entitled to expedited response.)

**Requester's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Daytime telephone number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

If records are filed by Social Security Number, please provide that number: \_\_\_\_\_

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Date request received: \_\_\_\_\_ Request approved: \_\_\_\_\_ Request denied: \_\_\_\_\_

Date request filled: \_\_\_\_\_ City Records Manager Signature: \_\_\_\_\_

_____ pages @ \$.25 each	_____ Fire or EMS report @ \$10 each	Total: _____
_____ certified pages @ \$2.00	_____ Fire or EMS report w/photos @\$50 each	Total: _____
_____ research hours @ \$15.00 per hour	_____ Police report @ \$10 each	Total: _____
	_____ Police report w/photos or video on CD or DVD @ \$50 each	Total: _____