



Date Response Due: _____
10 business days

RIVERTON CITY RECORDS REQUEST FORM

To: **Riverton City Recorder**
12830 South 1700 West
Riverton, UT 84065

Date: _____

Requester's Name: _____ Phone No. _____
Please Print

Mailing Address: _____
City State Zip Code

E-Mail: _____ Signature: _____

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 will be responsible for fees associated with research charges and/or copying 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 my request if I have not authorized associated 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)(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.)

Request Completed by: _____ Date: _____

FOR CITY USE ONLY

Classification of Record:

- Public
- Protected
- Private
- Controlled

If access authorized, please explain: _____
(See UCA § 63-2-202)

How was identification verified? _____

Response to request:

(See UCA § 63-2-204)

- Approved, requester notified on: _____ By: _____
- 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 § 63-2-204(5))

Copy fees:
Amount _____

C.D.'s: _____

Time spent responding to request: _____ (No charge for first quarter hour of staff time.)

Staff: _____

Date: _____ Staff Signature: _____

Notes: _____

Upon Completion, please submit this Record's Request to the City Recorder.