

DUCHESNE COUNTY RECORDS REQUEST FORM

Please print.

REQUESTER'S NAME:	
MAILING ADDRESS:	
DAY TIME TELEPHONE NUMBER:	
Indicate the complete name of the subject of the information requested:	
Indicate the Duchesne County Department or program originating the information requested.	
Indicate the approximate year, month and day the information requested was entered into the record.	
Indicate, with as much detail as possible, the nature of the information requested. (Use additional pages as needed.)	
	In accordance with the Government Records Access Management Act, U.C.A. 63-2-204, I am requesting to inspect (view) the records.
	In accordance with the Government Records Access Management Act, U.C.A. 63-2-204, I am requesting copies 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 \$

LEGAL AUTHORITY TO RECEIVE THE INFORMATION (Evidence must be provided)	
	I am requesting information which I believe to be PUBLIC .
	I am the SUBJECT of the record being requested.
	I am the PERSON who PROVIDED the INFORMATION .
	I am the PARENT OR LEGAL GUARDIAN of the subject of the information.
	I have POWER OF ATTORNEY from the subject of the information.
	I have a NOTARIZED RELEASE from the subject of the information.
	I have a COURT ORDER from a court of competent jurisdiction.

	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.)
Signature:	Date: