

## **Providence City**

164 North Gateway Drive Providence, UT 84332 (435) 752-9441 Fax: (435)753-1586 www.providencecity.com

## **GOVERNMENT RECORDS REQUEST FORM**

Requestor Information:	Return Request To:	
Name:	Tyler Cameron	
Address:	Providence City Recorder	
Address:	164 North Gateway Drive	
City, State Zip:	Providence UT 84332	
Email:	Email: tcameron@providence.utah.gov	
Phone:		
Description of records requested (records must be described with reasonable specificity):		

Pleas	e check all that apply:
	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 63G-2-203. I authorize costs of up to \$
	Based on UCA 63-2-203(4), I am requesting a waiver of costs because:  Releasing the record primarily benefits the public rather than a person for the following reasons:
	□ I am the subject of the record. □ I am the authorized representative of the subject of the record. □ My legal rights are directly implicated by the information in the record and I am impecunious [indigent]

If the requested records are not public, please explain why you believe you are entitle	to
access. Please check all that apply.	
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 when the person w	10
submitted the information. Documentation required by UCA 63G-2-202 is attack	hed.
Other, please explain:	
Requested will be processed pursuant to UCA 63G-2-204(3), generally within 10 busine	ss days.
I am requesting expedited response as permitted by UCA 63G-2-204(3)(b). Plea	se
explain how your request benefits the public rather than the person.	
Signature Date	