## SOUTH SALT LAKE CITY REQUEST FOR RECORDS

City of South Salt Lake 220 East Morris Ave, South Salt Lake, UT 84115 Phone Number: (801) 483-6000 ● Fax: (801) 483-6001

Personal Information of person requesting record			
Name	e:		
Full N	Mailing A	Address:	
Dayti	me Tele	ephone Number: Home: Work:	
	•	of <b>records sought</b> (records must be described with reasonable specificity, such as date of events, or persons involved):	
Desc	ription c	of <i>purpose</i> for records sought (reason must be described with reasonable specificity):	
		uld like to inspect the records (this entails reviewing the record within the office without receiving a to take with you and takes the same time, as indicated below, to be available).	
<u> </u>	I would like to receive a copy of the records.		
	I understand that I will be responsible for copy and research costs.		
	I would like to receive a copy of the records and request a waiver of costs because (please		
	attach information supporting your request for a waiver of fees):		
		Release of the records primarily benefits the public rather than me	
		Explain:	
		I am the victim of a domestic assault on the record	
		My legal rights are directly affected by the record and I am impecunious	
	If the requested records are not public, please explain why you believe you are entitled to access:		
		I am the subject of the record (or guardian/parent if subject is a minor or legally incapacitated)	
		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 (attach relevant documentation).	
		Other. Explain:	
<b>–</b>	I am requesting expedited response. Please attach relevant documentation (i.e. proof of your st		
	a me	ember of the media and statement that the record is needed for a story/broadcast).	
Signa	ature		

It may take up to 10 working days to fulfill your request.

You will be notified when the records are available to be picked up.