

BOUNTIFUL CITY RECORDER
(801) 298-6142

795 South Main Street
Bountiful, Utah 84010
info@bountiful.gov

RECORDS REQUEST

Requester: _____
Name Daytime telephone

Address: _____
City, State, Zip

Email: _____

I

In accordance with the Governmental Records Access Management Act, I am requesting
[] to inspect [] to copy [] a certified copy [] an e-copy of the following records:
(Must be very specific)

I understand that the cost of copying, certifying and research are my responsibility and authorize costs up to
\$_____.

Copies--\$.10 per page; Certification--\$2 each;

Research, 1-15 minutes--no charge; over 15 minutes—rate, including benefits (if any), of
lowest paid employee available to perform the service required.

II

If records requested are not public, 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.
Affidavit required by UCA 63G-2-202 is attached.
_____ Other (explain)

III

_____ I am requesting expedited response. (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 please attach information that demonstrates that you are entitled to expedited response under Utah Code.)

IV

Signature Date

Received by: _____ Date: _____ Time: _____