



CEDAR CITY RECORDS REQUEST

Requester Information:

Please Print:

Name: _____

Address: _____

Phone: _____

Email: _____

Date: _____

I understand that I may be responsible for the actual costs associated with providing this information.

Signature

Status:

- Not applicable because record is public.
- I am the subject of the record.
- I am the parent or legal guardian of a minor who is the subject of the record.
- I am the provider of the information.
- I have the power of attorney or notarized release from the subject of the record or provider of the information.
- I have a legislative subpoena or court order.

Description of Record(s) Requested (Must be described specifically):

*Record Request Forms are Public Documents.

FOR OFFICE USE ONLY:

Date Received: _____

Time Received: _____ A.M. P. M.

Classification of Record Requested

- Public
- Private
- Protected
- Controlled

City Response to Record Request

- Released on: _____
Date
- Denied *(See Attached)* _____
- Request for Extraordinary Circumstances.
(See Attached)

Fee Charged: _____

Signature of Record Provider