



WEST VALLEY CITY

REQUEST FOR RECORDS

FAX: 801-963-3206

nichole.camac@wvc-ut.gov

REQUESTOR NAME _____

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

DAYTIME TELEPHONE NUMBER _____ FAX _____

DESCRIPTION OF RECORD SOUGHT _____

DEPARTMENT REQUESTED FROM _____

_____ I would like to view/inspect the record.

_____ I would like to receive copies of the record. I understand that the City charges a fee for copies of records and the copies will be provided subject to fees being paid. I authorize costs of up to \$_____. If costs are greater than the amount I have specified, I further understand that the office will contact me and will not respond to a request for copies if I have not authorized adequate costs.

SIGNATURE _____ DATE _____

RESPONSE TO REQUEST – FOR OFFICE USE ONLY

DATE REQUEST RECEIVED _____ TIME _____

_____ APPROVED – Requestor notified on _____, 20 _____

_____ DENIED – Written denial sent on _____, 20 _____

_____ Requestor notified that office does not maintain record; and, if known, was also notified of name and address of agency that does maintain record on _____, 20 _____

_____ Extension of time for extraordinary circumstances. Required notice sent _____, 20 _____

COPY FEES: \$ _____. If waived, approved by _____

Cost authorization obtained from requestor on _____, 20 _____

SIGNATURE