CEDAR CITY
RECORDS REQUEST FORM

Requester Information: (This office has 10 business days to release requested records)

Please Print

Name: ____________________________ Status [ ] Not applicable because the record is public.

Address: ____________________________________________ [ ] 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 a 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.
____________________________________________________ [ ] Other: ____________________________ Specify

Telephone #: ____________________________

Date: ____________________________

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

____________________________________________________

Signature

Description of Record(s) Requested or Case Number (must be described specifically):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Record Request Forms are Public Documents
FOR OFFICE USE ONLY:

Date Received: ____________________________ Time Received: ____________________________ (military time)

Classification of Record Requested:

[ ] Public [ ] Protected

[ ] Private [ ] Controlled

City Response to Record Request:

[ ] Released on: ____________________________ Date

[ ] Denied (See Attached)

[ ] Request for Extraordinary Circumstances. (See Attached)

Fee Charged: ____________________________

______________________________
Signature of Record Provider