

# Syracuse City Request for Public Records

Must be submitted in writing to:  
**Recorders Office, 1787 South 2000 West, Syracuse City, UT 84075**  
**Tel: 801-825-1477**

Name of Person making request: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Records requested: (describe with reasonable specificity, attach additional sheet if necessary)

If applicable please check box:

I desire to inspect (view) the records. (There is no charge for viewing or inspecting a record.)

I desire copies of the records. I understand that I may be responsible for fees associated with copying charges to research charges as permitted by Utah Code Ann. §63-2-203. I authorize costs of up to \$\_\_\_\_\_ in conformance with the government entity's policy as determined by ordinance or written formal policy adopted by Syracuse City.

NOTE: Utah Code Ann. §63-2-203(4) encourages state agencies to fulfill a records request without charge. Based on that statute, I am requesting a waiver of copy costs because:

Releasing the record primarily benefits the public rather than a person because \_\_\_\_\_

\_\_\_\_\_

I am the subject of the record.

I am the authorized representative of the subject of the record.

My legal rights are directly affected by the record and I am impoverished. (Please attach information supporting your request for a waiver of fees.)

If the requested records are not public, please 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. (Attach documentation required by Utah Code Ann. §63-2-202).

Other. Please explain: \_\_\_\_\_

Record(s) Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person making request: \_\_\_\_\_

Request approved: \_\_\_\_\_ Request denied: \_\_\_\_\_ Date: \_\_\_\_\_

City Records Manager Signature: \_\_\_\_\_

_____ pages @ .10 each	Total: _____	
_____ certified pages @ 1.00 ea.	Total: _____	Date Paid: _____
_____ research hours @ \$10.00 per hr.	Total: _____	