

Department of Commerce Administration 160 East 300 South Box 146701 Salt Lake City, Utah 84114-6701 melaniehall@utah.gov

REQUEST FOR RECORDS

Please	e type or print all information.
Name of Requester: Organization: Mailing Address: Email Address: Daytime Telephone: Date of Request:	
Detail	ed Description of Record(s) Requested:
	I would like to inspect (view) the records.
	I would like to receive a copy of the records. I understand that I may be responsible for copy costs, which is normally \$.30 per page, and, if applicable, for costs incurred in providing the record in the requested format. I authorize costs of up to \$ I understand that the Division will contact me if estimated costs are greater that the amount authorized herein, and that it will not respond to my request for copies unless I have authorized adequate costs.
	I request that the costs of this record request be waived under §63G-2-203(4) because of one or more of the following:
	\square releasing the record primarily benefits the public rather than a person;
	\square I am the subject of the record or an individual specified in §§63G-2-202(1) or (2); and/or
	\square my legal rights are directly implicated by the information in the record, and I am impecunious.
	I am requesting expedited response. (Please attach documentation of 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 other documentation that demonstrates that you are entitled to expedited response under Utah Code Ann. §63G-2-204(4)).
EXPL	ANATORY COMMENTS:
Please	e mail your request to: Records Officer Department of Commerce Administration
	160 East 300 South

Box 146701 Salt Lake City, UT 84114-6701 melaniehall@utah.gov

SEE REVERSE SIDE

undorsten date (
	there are criminal penalties for obtaining a government record by false pretenses. I hereby represent and certify under penalty of perjury lester and that I: (check any that apply)
	am the subject of the record(s).
	am the person who provided the information in the records.
	am the parent or legal guardian of an unemancipated minor or a legally incapacitated individual who is the subject of the record(s).
	have a power of attorney from the subject of the record(s) (copy attached).
	have a notarized release from the subject of the record, or his legal representative, dated within 90 days from the date of this request (copy attached).
	am entitled to the record(s) pursuant to a judicial order (copy attached).
	am a contractor or private provider for a governmental entity and the following apply and will be strictly adhered to:
_	the use of the record will produce a public benefit that outweighs the individual privacy right that protects the record or record series; and
	the record or record series requested:
	\square is necessary for the performance of a contract with a governmental entity;
	\square will only be used for the performance of the contract with the governmental entity;
	\square will not be disclosed to any other person; and
	will not be used for advertising or solicitation purposes.
	Date:
(Signatu	
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