



REQUEST FOR PUBLIC RECORDS
Incomplete request form will result in record denial.

RIVERDALE CITY
4600 S. WEBER RIVER DRIVE
RIVERDALE, UT 84405
801-394-5541

Requestor Name: _____ E-mail Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____ Incident/Case Report Number: _____

Description of records requested: Records must be described with reasonable specificity, please provide as many details as possible: Subject date/time of incident, names of involved, ect. Failure to provide such specificity will result in denial of records.

If the requested records are not public, please explain why you believe you are entitled to access:

Please indicate one of the following:

_____ I would like to INSPECT (view) the records. (No charge to view/inspect records)

_____ I would like to receive a PAPER copy of requested records

*I understand that I may be responsible for fees associated with compiling reports (Actual cost, not to exceed salary of lowest paid employee who can fulfill request) after the first quarter hour + copy charges of \$0.25/page as permitted by UCA 63G-2-203.

_____ I would like to receive an ELECTRONIC copy of requested records

*I understand that I may be responsible for fees (Actual cost as shown above) associated with the compiling, formatting, etc. as permitted by UCA 63G-2-203.

Records requiring CD/DVD disks, thumb drives, etc. will be subject to additional charges.

Fee waiver request: Attach information supporting your request (required)

_____ My legal rights are directly affected by the requested record and I am impoverished.

_____ Releasing the record benefits the public rather than me personally.

OFFICE USE ONLY

Fee waiver: APPROVED DENIED

By: _____

Pursuant to UCA Section 63-2-101:

Record Request form must be filled out and returned before the record request can be processed.

Pursuant to UCA Section 63G-2-204:

The City shall respond to a written request for a public record within 10 business days after request is received. Expedited requests will be responded to within 5 business days if requestor demonstrates that their record request benefits the public rather than the requestor.

OFFICE USE ONLY

Date request received: _____

☐ Request approved

Date records provided: _____

Total fees: _____

☐ Request denied (UCA 63G-2-205)

Date informed of denial: _____

Approved/denied by: _____

Notes: _____
