



REQUEST FOR RECORD

(Public, Private, or Protected)

Steve S. Rawlings, CGFM
Clerk/Auditor
Yvonne Christensen, ABS
GRAMA Coordinator

Requester: _____ (identification required for private or protected records)

Address: _____

City: _____ State: _____ Zip: _____ Telephone: (____) ____ - _____

This request is made to the Davis County _____ (department)

Description of record(s) requested: _____

[Attach additional sheet if needed]

Check all applicable boxes [Attach supportive documents]

- The record is a public record and must be disclosed.
- I am the subject of the requested record(s).
- I am the parent or legal guardian of the subject of the requested record(s).
- I am the person who submitted the requested record(s).
- I am authorized to have access to the requested records(s) by a proper and lawful executed power of attorney or release.
- I am the person to whom disclosure must be made pursuant to a lawful court order.
- I am the person to whom disclosure must be made pursuant to a lawful legislative subpoena.
- I request an expedited response to my request:
 - An expedited response will benefit the public rather than a person
 - The request is for the purpose of obtaining information for a story or broadcast to the general public.

Check applicable boxes

- I wish only to view or inspect the requested record(s).
- I wish to obtain copies of the requested record(s) and agree to pay copy costs in an amount not exceeding \$ _____. If estimated copy costs exceed that amount, I understand that I will be contacted before any copies are made for authorization to proceed.
- I wish to obtain copies of the requested record(s) and request a waiver of copy costs on the basis that: _____

Dated: _____, 201__

[Requester's signature]

Received: _____

Initials: _____