



# DAVIS COUNTY JUSTICE COURT

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JC YNCHAUSTI  
JUDGE

## RECORDS REQUEST

### Requestor's Information

Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

\_\_\_\_\_

### Defendant/Subject's Information

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Docket/Case No: \_\_\_\_\_ Citation No: \_\_\_\_\_

Violation Date: \_\_\_\_\_

In accordance with the Governmental Records Access Management Act, I am requesting to  
receive copies of the following record(s) specifically described as follows:

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

I understand the court can only provide copies of public records.

Date: \_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature (I.D. Required)

### Billing

Certified Copies:	_____ documents @ \$4.00 per document =	\$ _____
	_____ pages @ \$.50 per page =	\$ _____
Photocopies:	_____ pages @ \$.25 per page =	\$ _____
Fax:	_____ \$5.00 for 10 pages or less =	\$ _____
	additional pages \$.50 per page	
Email:	_____ \$5.00 for 10 pages or less =	\$ _____
	additional pages \$.50 per page	

\*\*Audio Recording must fill out separate form