



Utah's First Capitol

Fillmore City

75 West Center Street
Fillmore, Utah 84631
Phone: (435) 743-5233 • Fax: (435) 743-5195
www.fillmorecity.org

RECORDS REQUEST FORM

Requestor's Name: _____ Date of Request: _____

Address: _____ City: _____ Zip: _____

Daytime phone number where you can be reached: _____

Description of record requested: _____

I would like to view/inspect the record.

I would like to receive copies of the record. I understand the City charges a fee for copies of records of \$.15 per page, and that copies will be provided subject to fees being paid. I authorize costs of up to \$_____. If costs exceed the amount I have specified, I further understand that the office will contact me and will not respond to a request for copies if I have not authorized adequate costs. I understand the City has 10 business days to respond to this request.

Signature: _____ Date: _____

For office use only – response to request

Date received request: _____ Time: _____

Approved – requestor notified on: _____

Denied – written denial sent on: _____

Requestor notified that the office does not maintain the record; and, if known, was also notified of name and address of agency that does maintain the record on: _____

Extension of time for extraordinary circumstances. Required notice sent: _____

Copy fees: \$_____ If waived, approved by _____

Cost authorization obtained from requestor on: _____

Signature: _____