

**Records Request
Highland City**

Requester's Name: _____

Address: _____

Daytime Phone: _____ Date: _____

If records are filed by Social Security Number, provide the number:

_____ - _____ - _____

In accordance with the Governmental Records Access Management Act, I am requesting to
[] view [] copy the following record(s) (specifically described):

which I believe are collected, filed, and/or used by the following:

(name of agency)

(agency address)

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

_____ I am the subject of the record.

_____ I am the person who provided the information

_____ I am authorized to have access by the subject of the record or by the person who
submitted the information. Documentation required by UCA-63-2-2002 is attached.

_____ Other (explain)

Signature: _____

If requested records are classified "Controlled" sign the following:

ACKNOWLEDGEMENT

I hereby acknowledge that I am a physician, psychologist, or certified social worker and that I will not disclose controlled information to any person, including the subject of the record, except in response to a lawful order of the State Records Committee or the district court.

(date)

(signature)

Notice of Denial

Date: _____

Your request for the following records or portion of records has been denied.

These records are exempt from disclosure by the following:

Court order: _____

Statute: _____
(citation)

You have the right to appeal the denial to the chief administrative officer (UCA 63-2-205(2)(c)(1992)). A notice of appeal must include your name, mailing address, a daytime telephone number, and explanation of what relief you are seeking. Any supporting information should also be included. This should be sent to the following:

Chief Administrative Officer: _____

Business Address: _____

Thank you, _____
(signature of agency representative)

FOR AGENCY USE ONLY

Request received: _____ (date) Person reviewing request: _____ (signature)

How is the record classified?:

- _____ Private (UCA 63-2-302)
- _____ Controlled (UCA 63-2-303)
- _____ Protected (UCA 63-2-304)
- _____ Exempt or governed by another statute (UCA 63-2-201(3)(b))

If records are not public,
How was identification verified?: _____

Copying fee(s): _____

RESPONSE DATES:

Request approved: _____ Records sent: _____

Request denied: _____ Denial sent: _____

Notified requester records not maintained by this agency: _____

Extraordinary circumstances extension time: _____ Sent: _____