
EPHRAIM CITY CORPORATION

5 South Main, Ephraim, Utah, 84627; Phone: (435) 283-4631; FAX: (435) 283-4867

RECORDS REQUEST FORM

NAME: _____ *STATUS OF RECORD:*

ADDRESS: _____ Not applicable because the record is public

MAILING ADDRESS: _____ I am the subject of the record

DAYTIME PHONE NO: _____ I am the parent or legal guardian of a minor
who is subject of the record

FAX NO: _____ I have power of attorney or notarized release
from the subject of the record or provider of
The information

DATE: _____

I understand that I may be responsible for the actual costs
associated with providing this information I have a legislative subpoena or court order

Signature: _____ Date: _____

Description of Record(s) Requested (Must be described specifically): _____

- Record Request Forms are Public Documents

FOR OFFICE USE ONLY:

Date Request Received: _____

CLASSIFICATION OF RECORD REQUESTED

CITY RESPONSE TO RECORD REQUEST

PUBLIC

APPROVED / DATE _____

PRIVATE

DENIED / DATE _____

PROTECTED

REQUEST FOR EXTRAORDINARY

CONTROLLED

CIRCUMSTANCES

(If Approved) It is estimated the record will be available on _____

Copy Fee: _____ Signature of Record Provider: _____

Date Paid: _____ Date Record Provided: _____