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**EPHRAIM CITY CORPORATION**  
**RECORDS REQUEST FORM**

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

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*Ephraim City allows for up to ten (10) business days to provide the requested record, a denial, or a notice of extended time for response to records request.*

NAME: \_\_\_\_\_ STATUS OF RECORD: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  The record is public  
MAILING ADDRESS: \_\_\_\_\_  I am the subject of the record  
DAYTIME PHONE: \_\_\_\_\_  I am the parent or legal guardian of a minor  
FAX: \_\_\_\_\_  who is the subject of the record  
DATE: \_\_\_\_\_  I have power of attorney or notarized release  
\_\_\_\_\_ from the subject of the record or provider of  
\_\_\_\_\_ the information  
I understand I may be responsible for actual costs  
associated with compiling and reproducing records.  I have a legislative subpoena or court order

All reports are subject to a compilation fee in accordance with Utah Code Annotated 63G-2-203. Ephraim City will provide the first ¼ hour free of charge. Thereafter, employee time will be at a cost of the hourly rate of the lowest paid employee qualified to fill the request.

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

Specific Description of Record(s) Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Records Request Forms are Public Documents. Any information submitted may be shared.

**FOR OFFICE USE ONLY:**

Date Request Received: \_\_\_\_\_

CLASSIFICATION OF RECORD REQUESTED:

PUBLIC  
 PRIVATE  
 PROTECTED  
 CONTROLLED

CITY RESPONSE TO RECORD REQUEST:

APPROVED / DATE \_\_\_\_\_  
 DENIED / DATE \_\_\_\_\_  
 REQUEST FOR EXTRAORDINARY  
CIRCUMSTANCES

If approved, it is estimated the record will be available on: \_\_\_\_\_

Fees: \_\_\_\_\_ Signature of Record Provider: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Date Record Provided: \_\_\_\_\_