



PARK CITY
SCHOOL DISTRICT

EDUCATIONAL EXCELLENCE

2700 KEARNS BOULEVARD
PARK CITY, UTAH 84060

435/645-5600
435/645-5609 FAX

**PARK CITY SCHOOL DISTRICT
RECORDS REQUEST FORM**

To (Department): _____

Records requested: _____

- I would like to inspect (view) the records.
- I would like to receive a copy of the records. I understand that I may be responsible for fees associated with copying charges as permitted by UCA §63-2-203. I authorize costs of up to \$_____.
- UCA §63-2-203(4) encourages agencies to fulfill a records request without charge. Based on UCA §63-2-203(4), I am requesting a waiver of copy costs because: *Releasing the record primarily benefits the public rather than a person. Please explain: _____

*Please attach information supporting your request for a waiver of the fees.

- I am the subject of the record.
- I am the authorized representative of the subject of the record.
- My legal rights are directly affected by the record and I am impoverished.

If the requested records are not public, please 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 §63-2-202, is attached.
- Other: Please explain: _____

I am requesting expedited response as permitted by UCA §63-2-204(3)(b). (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or other information that demonstrates that you are entitled to expedited response.)

Requester's Name: _____

Mailing Address: _____

Daytime Phone Number: _____ Email: _____

Signature: _____ Date: _____