



CITY OF WEST JORDAN
REQUEST FOR RECORDS
FAX: 801-565-8978
Email: melanieb@wjordan.com

REQUESTOR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME TELEPHONE NUMBER _____ FAX _____

DESCRIPTION OF RECORD SOUGHT _____

DEPARTMENT REQUESTED FROM _____

_____ I would like to view/inspect the record.

_____ I would like to receive copies of the record. I understand that the City charges a fee for copies of records and the copies will be provided subject to fees being paid. I authorize costs of up to \$_____. If costs are greater than 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.

_____ SIGNATURE

_____ DATE

RESPONSE TO REQUEST - FOR OFFICE USE ONLY

DATE REQUEST RECEIVED _____ TIME _____

_____ APPROVED - Requestor notified on _____, 20____.

_____ DENIED - Written denial sent on _____, 20____.

_____ Requestor notified that office does not maintain record; and, if known, was also notified of name and address of agency that does maintain record on _____, 20____.

_____ Extension of time for extraordinary circumstances. Required notice sent _____, 20____.

COPY FEES: \$_____. If waived, approved by _____

Cost authorization obtained from requestor on _____, 20____.

_____ SIGNATURE