UTAH GOVERNMENT RECORDS REQUEST FORM

SAN JUAN COUNTY CLERK

	Add	ress of government office: 117 SOUTH MAIN P.O. Box 338
		MONTICELLO UTAH 84535
Desci	ription	of records sought (records must be described with reasonable specificity):
	I wou	ld like to inspect (view) the records.
		ld like to receive a copy of the records. I understand that I may be responsible for fees associated with ng charges or research 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:
		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. (Please attach information supporting your request for a waiver of the fees.)
If the r	equested	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:
	your s	equesting expedited response as permitted by UCA 63-2-204 (3)(b). (Please attach information that shows tatus as a member of the media and a statement that the records are required for a story for broadcast or ation; or other information that demonstrates that you are entitled to expedited response.)
Requ	ester's	Name:
		lress:
Dayti	me tele	ephone number:Date:
Siona	ture:	