Records Request Form

Requestor Information:

Name			
Street Address	City	State	Zip Code
Daytime Telephone	Evening Telephone	Date and Time of Request	

Requested Record Status (check all that apply)

- ○ The requested record is a public record.
- ○ I am the subject of the requested record.
- ○ I am the parent or legal guardian of the subject of the requested record.
- ○ I am the provider of the information in the requested record.
- ○ I have a "power of attorney" or notarized release from the subject of the record, or from the provider of the information in the requested record.
- ○ I have a legislative subpoena or court order requesting the record.

Description of Requested Record

Agreement

In requesting this record, I understand and agree to the following:
I will pay costs associated with the provision of the record (copies are 25 cents per page, certified copies $5.00 per page, compilation time will be charged at a rate of $10.00 per hour. I will allow a maximum of ten (10) working days for Lindon City to compile the record, or five (5) days if I show that such expedition will benefit the public more than my person. I will recognize that this completed Records Request Form is a public document.

_____ _____
Signature Date

Office Use Only

Approved on _____ Available on _____ Fee Due _____

Denied on _____ Due To _____

_____
Signature – Lindon City Recorder