



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

which I believe are collected, filed and/or used by the City of River Heights, 520 South 500 East, River Heights, Utah 84321, (435 ) 752-2646.

- I would like to view/inspect the record.
- I would like to receive copies of the requested record (s) . I agree to pay a reasonable fee to cover the City’s actual cost of duplicating the records, or compiling the records in a form other than that maintained by the City. I authorize cost of up to \$ \_\_\_\_\_. I further understand that the City will contact me if the estimated costs are greater than the amount I have specified and that the City will not copy or compile the documents if I have not agreed to pay the costs.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

I request waiver of the above fees as provided by the City Ordinance 1-2006 for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Request \_\_\_\_\_

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If requested records are classified “**Controlled**,” sign the following:

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Signature

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Date

I hereby **acknowledge** that I am a physician, psychologist, or certified social worker and I will not disclose controlled information to any person, including the subject of the record, except in response to a lawful order of the State Records Committee of the District Court.

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Signature

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Date

Response to Request

(For office use only)

- APPROVED - Requestor notified on \_\_\_\_\_, 20\_\_\_\_.
- DENIED - Written denial sent on \_\_\_\_\_, 20\_\_\_\_.

FEES: \$ \_\_\_\_\_

If waived, they were approved by:

\_\_\_\_\_  
\_\_\_\_\_.

Further cost authorization obtained from requestor by:

\_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date