



WEBER COUNTY ASSESSOR'S OFFICE RECORDS REQUEST FORM

Description of records sought (records must be described with reasonable specificity):

I would like to inspect (view) the records.

I would like to receive a copy of the records. I understand that I will be responsible for fees associated with copying charges or research charges as permitted by UCA 63G-2-203. I authorize costs of up to \$.

If the 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 63G-2-202, is attached.

Other. Please explain:

I am requesting expedited response as permitted by UCA 63G-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 the broadcast or publication; or other information that demonstrates that you are entitled to expedited response.)

Requester's Name: _____

Mailing Address: _____

Daytime Telephone Number: _____ **Date:** _____

Signature: _____