



**WEBER COUNTY**

Phone: (801) 399-8374  
Fax: (801) 399-8862  
2380 Washington Blvd. Suite 240  
Ogden, UT 84401

## Weber County Request for Records

PLEASE PRINT:

Requestor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ # and Street City State Zip

Daytime telephone # where you can be contacted: \_\_\_\_\_

Clear description of record sought: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to view/inspect the record.

I would like to receive copies of the record. I understand that Weber County may charge a fee for copies or records and that copies will be provided subject to fees being paid. I authorize costs of up to \$\_\_\_\_\_. If costs are greater than amount I specified, I understand that the office will contact me for approval prior to processing the request.

\_\_\_\_\_  
Requestor's Signature Date

\_\_\_\_\_  
Request Accepted By Date

Request Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 Requestor notified that the office does not maintain the requested record(s), and if known was also notified of the department that maintains the record. The request was forwarded to \_\_\_\_\_ department for processing on \_\_\_\_\_, 200\_\_.

Extension of time for extraordinary circumstances. Required notice sent on \_\_\_\_\_, 200\_\_.

Cost authorization obtained from requestor on \_\_\_\_\_, 200\_\_.

Cost: \$ \_\_\_\_\_. If waived, approved by \_\_\_\_\_.

\_\_\_\_\_  
Records Accepted By : \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Fees Collected By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_