

# SOUTH SALT LAKE CITY REQUEST FOR RECORDS

City of South Salt Lake  
220 East Morris Ave, South Salt Lake, UT 84115  
Phone Number: (801) 483-6000 • Fax: (801) 483-6001

## Personal Information of person requesting record

Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Daytime Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Description of **records sought** (records must be described with reasonable specificity, such as date of occurrence, events, or persons involved): \_\_\_\_\_

Description of **purpose** for records sought (reason must be described with reasonable specificity): \_\_\_\_\_

I would like to inspect the records (this entails reviewing the record within the office without receiving a copy to take with you and takes the same time, as indicated below, to be available).

I would like to receive a copy of the records.  
I understand that I will be responsible for copy and research costs.

I would like to receive a copy of the records and request a waiver of costs because (**please attach information supporting your request for a waiver of fees**):

Release of the records primarily benefits the public rather than me  
Explain: \_\_\_\_\_

I am the victim of a domestic assault on the record

My legal rights are directly affected by the record and I am impecunious

If the requested records are not public, please explain why you believe you are entitled to access:

I am the subject of the record (or guardian/parent if subject is a minor or legally incapacitated)

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 (**attach relevant documentation**).

Other. Explain: \_\_\_\_\_

I am requesting expedited response. **Please attach relevant documentation** (i.e. proof of your status as a member of the media and statement that the record is needed for a story/broadcast).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

It may take up to 10 working days to fulfill your request.  
You will be notified when the records are available to be picked up.

## FOR AGENCY USE ONLY

Primary Classification

of Record:                      Public \_\_\_\_              Private \_\_\_\_              Protected \_\_\_\_              Controlled \_\_\_\_              Exempt

Secondary Classification

of Record:

Public Record:              \_\_\_\_\_ (§ 63-2-301— records open for public review unless otherwise classified)

Private Record:              \_\_\_\_\_ (§ 63-2-302 — open to the individual to whom the records pertain, and other authorized persons or agencies as outlined in UCA 63-2-202(1))

<input type="checkbox"/> Address <input type="checkbox"/> Age/Birth date <input type="checkbox"/> Birthplace <input type="checkbox"/> Checking/Savings Account <input type="checkbox"/> Court Actions <input type="checkbox"/> Credit Rating <input type="checkbox"/> Criminal History <input type="checkbox"/> Driver License Number <input type="checkbox"/> Educational History <input type="checkbox"/> Employment History	<input type="checkbox"/> Expenditures <input type="checkbox"/> Family Information <input type="checkbox"/> Fingerprints <input type="checkbox"/> Food Purchase <input type="checkbox"/> Home Property Owner <input type="checkbox"/> Intelligence Quotient/IQ <input type="checkbox"/> Job Position Information <input type="checkbox"/> Living Conditions <input type="checkbox"/> Marital Status <input type="checkbox"/> Medical Dental Information	<input type="checkbox"/> Military Service <input type="checkbox"/> Mortgage Information <input type="checkbox"/> Motor Vehicle Ownership <input type="checkbox"/> Name/Signature <input type="checkbox"/> National Origin <input type="checkbox"/> Occupational Licenses <input type="checkbox"/> Occupational Preference <input type="checkbox"/> Physical Description <input type="checkbox"/> Psychiatric Information <input type="checkbox"/> Psychological Information	<input type="checkbox"/> Race/Ethnic Group <input type="checkbox"/> References <input type="checkbox"/> Religious Preference <input type="checkbox"/> Salary Information <input type="checkbox"/> Security Investigation <input type="checkbox"/> Sex/Gender <input type="checkbox"/> Social Security Number <input type="checkbox"/> Tax Information <input type="checkbox"/> Telephone number <input type="checkbox"/> Victim Information
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Controlled Record:              \_\_\_\_\_ (§ 63-2-303 — open to authorized persons or agencies, but not open to the individual to whom the records pertain as outlined in UCA 63-2-202(2))

Protected Record:              \_\_\_\_\_ (§ 63-2-304 — non-personal data open to the person submitting the record and authorized persons or agencies)

<input type="checkbox"/> Attorney Work Product <input type="checkbox"/> Collective bargaining strategies <input type="checkbox"/> Deprive person of fair trial or impartial hearing <input type="checkbox"/> Drafts, unless classified as public <input type="checkbox"/> Identify a source not generally known	<input type="checkbox"/> Interfere with the control and supervision of an offender <input type="checkbox"/> Jeopardize the life or safety <input type="checkbox"/> Minutes of closed meetings <input type="checkbox"/> Ongoing or planned audit <input type="checkbox"/> Records if disclosed could interfere with investigations	<input type="checkbox"/> Records if disclosed could impair governmental procurement proceedings <input type="checkbox"/> Security issue <input type="checkbox"/> Settlement negotiations <input type="checkbox"/> Unpublished manuscripts, lecture notes or research data
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If record is not public, is access authorized?

- Private:                      \_\_\_\_\_ Requester is subject of the record (§ 63-2-202(1))  
                                      \_\_\_\_\_ Requester is authorized agent of subject of the record (§ 62-2-202(1)(b-e))
- Controlled:                      \_\_\_\_\_ Requester is a physician, psychologist, or certified social worker, has supplied a notarized release dated no more than 90 days prior to this request, and has signed an acknowledgment re non-disclosure (§ 63-2-202(2))
- Protected:                      \_\_\_\_\_ Requester is person who submitted the record (§ 63-2-202(4)(a))  
                                      \_\_\_\_\_ Requester is entity whose interests were sought to be protected by classification (§ 63-2-202(4)(b)(i))  
                                      \_\_\_\_\_ Requester is person who submits a notarized release from person or agency whose interests were sought to be protected by this classification (§ 63-2-202(4)(b)(i-ii))
- Court Order:                      \_\_\_\_\_ Disclosure required pursuant to court finding for release (§ 63-2-202(7); 63-2-207)

If classifications restricts access, can information be segregated to allow disclosure (§ 63-2-307)? YES / NO

If yes, what information was segregated: \_\_\_\_\_

- Response to request:              \_\_\_\_\_ Approved  
 (§ 63-2-204)                      \_\_\_\_\_ Record not maintain by agency; notify requester of correct agency (if known)  
                                      \_\_\_\_\_ Notified of extension of time due to extraordinary circumstances  
                                      \_\_\_\_\_ Denied (§ 63-2-205). Reason(s) for denial are as follows:  
    \_\_\_\_\_ Access governed by law other than GRAMA or not a "record" (§ 63-2-201(3)(b))  
    \_\_\_\_\_ Requester is not allowed access pursuant to above record classifications  
    \_\_\_\_\_ Other:

Copy fees (§ 63-2-203) — fill in blank only if the copy fees exceed \$5.00 or waiver is granted

Amount: \_\_\_\_\_ Reason for additional fees:  
 Fees Waived:              Reason: \_\_\_\_\_ Approved Signature: \_\_\_\_\_

\_\_\_\_\_  
 Date Reviewed              Approved Signature                      Date Notified                      Date Sent/Retrieved

How was identification verified? \_\_\_\_\_ Number: \_\_\_\_\_