



# SOUTH SALT LAKE CITY REQUEST FOR RECORDS

Community Development Department 220 East Morris Ave, South Salt Lake, UT 84115  
Office: (801) 483-6011 Fax: (801) 483-6060

## REQUESTERS INFORMATION

Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## PROPERTY INFORMATION

Address of Property: \_\_\_\_\_  
Parcel Number: \_\_\_\_\_  
Time Frame (give beginning/ ending years for search): \_\_\_\_\_

Description of **Records Sought**: Specify what you are looking for i.e. business license, building permits, certificate of occupancy, property violations. If additional room is needed please submit a separate sheet.

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

Description of **Purpose** for Records Sought: Description of why records are requested and what they will be used for.

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

## DETERMINATION OF RECORDS

- 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 paper copy of the records. I understand that I will be responsible for copy and research costs. For cost breakdown please refer to the fee schedule found on the back of this page.
- I would like to receive a copy of the records through e-mail. I understand that I will be responsible for 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: \_\_\_\_\_
  - 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: \_\_\_\_\_

Date Received by Staff: \_\_\_\_\_

**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 or e-mailed.**

