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REQUEST FOR RECORDS
IN THE WEBER COUNTY CLERK/AUDITOR'S OFFICE

PLEASE PRINT CLEARLY:

Requestor's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime telephone number where you can be contacted: _____
Email Address: _____
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 reasonable fee for copies or records and/or staff time, for packaging, summarizing, etc. (§63-2-203, Fees), and that copies will be provided subject to fees being paid. I authorize costs of up to \$_____. If costs are greater than the amount I have specified, I further understand that the office will contact me for approval prior to processing the request.

Requestor's Signature _____ Date _____

Request Accepted by _____ Date _____

Request Processed By: _____ Date: _____

Remarks: _____

_____ Requestor was notified that the office does not maintain the requested records.

_____ Request extension of time for extraordinary circumstances. Required notice sent on _____, 201__.

Cost authorization obtained from requestor on _____, 201__.

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

Records Accepted By: _____ Date: _____

Fees collected By: _____ Date: _____

Remarks: _____

