



**TOWN OF SPRINGDALE**

P.O. Box 187 \* 118 Lion Boulevard \* Springdale, UT 84767  
435-772-3434 \* 435-772-3790 fax \* springdale@infowest.com

**Records Request**

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

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

Home Phone: \_\_\_\_\_ Work or Cell : \_\_\_\_\_

If records are filed by Social Security number, provide the number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In accordance with the Governmental Records and Management Act, I am requesting to view/copy the following record(s) (specifically described):

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

which I believe are collected, filed and/or used by the Town of Springdale, P.O. Box 187, Springdale, Utah.

Check one of the following:

\_\_\_\_\_ 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 proper documentation, which is attached.

\_\_\_\_\_ I am requesting records that I believe to be public.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



If requested records are classified 'Controlled' sign the following:

**Acknowledgement**

I hereby acknowledge that I am a physician, psychologist or certified social worker and that I will not disclose controlled information to any person, including the subject of the record, except in response to a lawful order of the State Records Committee or the District Court.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_