



## UTE PASS REGIONAL HEALTH SERVICE DISTRICT OPEN RECORDS REQUEST

Please indicate the information you desire, and/or list each public record requested. Please be as specific as possible.

Name:		Date Stamp:
Street Address:		
City/State/Zip Code:		Time: <span style="float: right;">AM / PM</span>
Phone:	Email:	By:


Fees Applicable to Records request:	Estimate of Total Charges	
• \$0.25 / Standard Page	_____ @ \$0.25 per page	\$
• \$41.37 / Hour after the first hour of research & retrieval	_____ Hours @ \$41.37 / hour (Excluding the first hour)	\$
• Other charges at cost	Other Charges at cost	\$
	<b>Estimated Total</b>	<b>*\$</b>
	<b>Total Deposit Due: (If applicable)</b>	<b>**\$</b>

*\*Payment of any actual costs exceeding the estimated charges and/or deposit is due before inspection or release of the records.  
\*\*If the deposit exceeds actual costs, the difference will be refunded at the time of inspection or release of the records.*

### OFFICE USE

CORA Request#      20\_\_\_\_\_

Request Completed      \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Request Denied:      \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Requestor Notified By: \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Estimated Response Date: \_\_\_\_\_ Notified of extension on: \_\_\_\_\_