



CITY OF PLEASANT GROVE  
**REQUEST FOR ACCESS TO PUBLIC RECORDS**

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

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

Telephone: \_\_\_\_\_

1. I request to inspect the following public records of the City of Pleasant Grove

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

I request to have copies made of the above public record and I understand that the fee for such copies shall be in accordance with Resolution No. \_\_\_\_\_.

2. The reason(s) I desire to review or to have a copy of these public records is: (NOTE: You must give a valid reason)

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

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

(THIS SPACE IS FOR OFFICIAL USE ONLY)

Request Approved.

Request Denied for the following reasons:

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

Request Delayed - Research or review will be necessary.

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

City Clerk