



DAVIS COUNTY JUSTICE COURT

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JC YNCHAUSTI
JUDGE

RECORDS REQUEST

Requestor's Information

Date: _____

Requestor's Name: _____

Address: _____ Phone No: _____

Defendant/Subject's Information

Name: _____ Social Security No: _____

Docket/Case No: _____ Citation No: _____

Violation Date: _____

In accordance with the Governmental Records Access Management Act, I am requesting to receive copies of the following record(s) specifically described as follows:

I understand the court can only provide copies of public records.

Date: _____

Requestor's Signature (I.D. Required)

Billing

Certified Copies:	_____ documents @ \$4.00 per document =	\$ _____
	_____ pages @ \$.50 per page =	\$ _____
Photocopies:	_____ pages @ \$.25 per page =	\$ _____
Fax:	_____ \$5.00 for 10 pages or less =	\$ _____
	additional pages \$.50 per page	
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**Audio Recording must fill out separate form