

GRAMA REQUEST FOR RECORDS

Description of records sought (*records must be described with reasonable specificity*):

How would you like to receive these records?

- I would like to inspect (view) the records. This includes an email copy or fax.
- I would like to receive a paper copy of the records. I understand that I may be responsible for fees associated with copying charges or research charges as permitted by UCA 63-2-203. I authorize costs of up to \$_____
- UCA 63-2-203 (4) encourages agencies to fulfill a records request without charge. Based on UCA 63-2-203 (4), I am requesting a waiver of copy costs because:
 - Releasing the record primarily benefits the public rather than a person.
Please Explain:
 - I am the subject of the record.
 - I am the authorized representative of the subject of the record.
 - My legal rights are directly affected by the record and I am impoverished.
(Please attach information supporting your request for a waiver of the fees.)

If the requested documents are **NOT** public records, please explain why you believe you are entitled to access.

- 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 the person who submitted the information. Documentation required by UCA 63-2-202, is attached.
- Other. Please explain:

- I am requesting expedited response as permitted by UCA 63-2-204 (3)(b). (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or other information that demonstrates that you are entitled to expedited response.

Requester's Name: First Name Last Name

Mailing Address:

City, State Zip

Daytime telephone number:

Other telephone number:

Signature: Not Required – Submitted Electronically Date: MM/DD/YYYY

If records are filed by Social Security Number, please provide that number: ____ - ____ - ____

Method of delivery:

- Mail
- Email:
- Fax:
- Other. Please explain:

DISTRICT USE ONLY

Received: Date: _____

Time: ____:____ AM/PM

Approved:

Denied:

Extension of time with written notice: _____

Delivered / Mailed / Emailed / Faxed

By _____

Date _____