

GARDEN CITY, UTAH  
GRAMA REQUEST FOR RECORDS

Requesters Information:

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Description of records sought (records must be described with reasonable specificity) use back of page if necessary:

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

\_\_\_\_\_ I would like to inspect the records

\_\_\_\_\_ I would like to receive a copy of the records. I understand that I will be responsible for copy costs. I authorize costs of up to \$\_\_\_\_\_.

\_\_\_\_\_ I would like to receive a copy of the records and request a waiver of copy fees because:

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

Please attach information supporting your request for a waiver of fees.

If the requested records are not public, 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 (Please attached required documentation).

\_\_\_\_\_ Other. Explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Fees:

Wage of person completing the research plus 15% for each 30 minutes or fraction thereof

\$.15 per copy

\$1.00 per page to fax

Records may take up to 10 days to retrieve.