



GRAMA REQUEST FOR RECORDS

To: *1 _____
(Name of person and/or government office holding records)

Address of Government Office: _____

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

- I would like to inspect the records.
- I would like to receive copies of the records. I understand that I will be responsible for copy costs. I authorize costs of up to \$_____. I further understand that the agency will contact me if estimated costs are greater than the amount I have specified, and that agency will not respond to a request for copies if I have not authorized adequate costs.
- I would like to receive copies of the records. I request a waiver of copy costs. (Please attach information supporting your request; see U.C.A. 63-2-203(3) for a list of situations under which an agency is encouraged to provide copies without charge.)

If applicable, check one of the following and attach necessary documentation:

- 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.
- Other. Explain: _____

Name: _____

Address: _____

Daytime Telephone Number: _____

- I am requesting expedited response. (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 please attach other information that demonstrates that you are entitled to expedited response under U.C.A. 63-2-203(3).)

Signature

Date

*1 The response to a request may be delayed if it is not directed properly. To find out where to direct a request, consult the agency's rules, telephone the agency or State Archives. The telephone number for the State Archives is (801) 538-3012.

FOR AGENCY USE ONLY

Date request received: _____ Initial time limit for response: 5 days
 10 days

Classification: Private Controlled
 Protected Public
 Access is governed by a law other than GRAMA
 Requested document is not a "record" under GRAMA

Is access authorized? (Complete this section if records are private, controlled, or protected.)

PRIVATE: Requester is the subject of the record.
 Requester is other person authorized by UCA 63-202(1) and has supplied required documentation.
 Requester is not authorized to have access.

CONTROLLED: Requester is a physician, psychologist, or certified social worker, has supplied a notarized release dated no more than 90 days prior to this request, and has signed an acknowledgment re nondisclosure. UCA 63-2-202(2).
 Requester is not entitled to access.

PROTECTED: Requester is person who submitted record.
 Requester is other person authorized by UCA 63-2-202(4) and has supplied required documentation.
 Requester is not entitled to access.

How was identification verified?

Response to request: (See UCA 63-2-204)

- Approved. Requester notified on _____
- Denied. Written denial sent on _____
- Requester notified agency does not maintain record, and, if known, was also notified of name and address of agency that does maintain record on _____
- Extension of time claimed for extraordinary circumstances. Required notice sent _____ . See UCA 63-2-204(3)(iv).

Copy fees: Amount \$ _____

If waived, fee waiver approved by: _____

Signature