

GARDEN CITY, UTAH
GRAMA REQUEST FOR RECORDS

Requesters Information:

Name: _____

Mailing Address: _____

Physical Address: _____

Daytime Phone Number: _____

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.