



## GRAMA – Records Request Form

Description of records requested: *(Be as specific as possible; type of records, subject, year or dates wanted, etc.)*

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Please note that UCA 63G-2, Government Records and Access Management Act (GRAMA), does not require any agency to create any record to fulfill a request.

**Check all that are applicable:**

- I would like to review/inspect the records.
- I would like to receive electronic copies of the records.
- I would like to receive hard copies of the records. I understand that I will be responsible for copy costs.
- I would like to request a waiver of costs as provided in UCA 63G-2-203(4). Supporting documentation is attached.
  
- I authorize costs of up to \$\_\_\_\_\_. I understand that prepayment of fees over \$50.00 may be required and that I will be contacted if estimated costs are greater than the above specified amount.

**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 submitted the record.
- I am authorized to access the record by the subject of the record (consent for release is attached).
- Other, please explain: \_\_\_\_\_
  
- I am requesting an expedited response as permitted by UCA 63G-2-204(4). *Please attach information showing 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 demonstrating entitlement to an expedited response.*

Name of Requester: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_