

GRAMA
REQUEST FOR RECORDS

Requester's Name: _____

Address: _____

Daytime Telephone: _____ Date: _____

- I would like to inspect (view) 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 the 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 UCA 63-2-203(4) for a list of situations under which an agency is encouraged to provide copies without charge.

I believe the records are collected, filed, and/or used by the following:

Name of Agency: _____

Agency Address: _____

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

- I am the subject of the records
- 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, explain: _____

Signature: _____ Date: _____

The response to a request may be delayed if not directed properly.