



GRAMA - Records Request Form

To: \_\_\_\_\_
(Name of county agency/office holding the records and name of contact person if known)

Address of county agency: \_\_\_\_\_

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

Please note: state law does not require any agency to create any record to fulfill a request. GRAMA applies only to existing records.
In some cases, you may need to provide a Social Security Number or other personal identifier to retrieve records. In the case of a request for medical records, the agency may require you to complete a HIPAA release.
DO NOT include your Social Security Number on this form. The agency will provide a separate method for you to provide that number if it is needed.

- Check all that are applicable:
I would like to review/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 understand that prepayment of copies over \$50.00 may be required and that I will be contacted if estimated costs are greater than the above specified amount.
I would like to receive copies of the records and request a waiver of costs under UCA 63G-2-203(4). Supporting documentation is attached.

- If the requested records are not Public, please explain why you believe you are entitled to access.
I am the subject of the record. (Photo ID required)
I am the person who submitted the record (Photo ID required)
I am authorized to access the record by the subject of the record. (Consent for Release Form attached).
Other. Please explain. \_\_\_\_\_
I am requesting an expedited response as permitted by UCA 63G-2-204(3)(b). (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: \_\_\_\_\_

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

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

Daytime phone number where requestor can be reached: \_\_\_\_\_

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

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