SALT LAKE COUNTY
HEALTH DEPARTMENT

Print Submit

# Administration Division

Phone: 385-468-4114 Fax: 385-468-4106 Email: HealthGRAMA@slco.org

# *GRAMA—RECORD REQUEST*

Name of Requestor: _____ Email: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number where you can be contacted if necessary: _____

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. If it is needed, the agency will provide a separate method for you to provide the number.

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

***Check appropriate request:***

- ☐ I would like to view/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 copy cost under UCA 63G-2-203 (4). Supporting documentation is attached.

***If the requested records are <u>not</u> public, please explain why you believe you are entitled to access:***

- ☐ I am the subject of the record. *(Present photo identification)*
- ☐ I am the person who submitted the record. *(Present photo identification)*
- ☐ I am authorized to access the record by the subject of the record. *(Attach notarized "Consent for Release of Information" form and present photo identification.)*
- ☐ Other (please explain): _____

- ☐ I am requesting 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.)*

_____ _____

***Signature*** ***Date***

***lb 04/24/13***