



GRAMA Request for Records

151 South University Ave, Provo, UT 84601-4427

Phone: 801-851-7000 Fax: 801- 851-7009

To: _____
(Name of person and/or government office holding records)

Address of Government Office/Division:

Description of Records sought (records must be described with reasonable specificity):

Purpose for request:

- 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 costs because:
 - Release of the records primarily benefits the public rather than me.
 - I am the subject of the record.
 - I am the authorized representative of the subject of the record.
 - My legal rights are directly affected by the record and I am impecunious. (Please attach information supporting your request for 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 attach documentation required by U.C.A. §6G3-2-202.)
- Other. Explain: _____

- I am requesting an expedited response. (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrates that you are entitled to expedited response under U.C.A. §63 G-2-204(3).)

My name is: _____

My address is: _____

City, State, Zip Code: _____

My daytime telephone number is: _____

Email address: _____

Signature

Date