



**SALT LAKE COUNTY
GRAMA - Records Request Form**

To: _____
(Name of county agency/office holding the records; name of agency contact person if known)

Address of county agency: _____

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

Provide Social Security Number if needed to retrieve records: _____

Name of requester: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number where requestor can be reached: _____

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(3). 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 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: _____