

**Woods Cross City
Government Records and Management Act (GRAMA)
Request for Records**

To request information that is maintained by this office, please provide the following:

Name: _____

Address: _____

City, State, Zip Code: _____

Phone# __ (____) _____

E-mail Address _____

Description of record(s) sought: *(records must be described with reasonable specificity)*

- I would like to inspect the records.
- I would like to receive copies of the records.
- I understand that I will be responsible for copies or other costs up to \$_____. I further understand that the agency will contact me if estimated costs are greater than the amount specified, and that the agency will not respond to a request or copies if I have not authorized adequate costs.
- I request a waiver of copy costs. (Please attach information supporting your request: see U.C.A. 63-2-203 (3) for a list of situations under which an agency is encouraged to provide copies without charge.)
- I am requesting an expedited response. *(Please attach information showing your status as a member of the media and a statement the records are required for a story, broadcast or publication; or please attach other information that demonstrates you are entitled to an expedited response under U.C. A. 63-2-204(3).)*

Check one of the following and attach required documentation if necessary:

- The record is a public record available for my review.
- 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. *(Attach copy of authorization.)*
- Other, Explain _____

Signature

Date