

SPRINGVILLE CITY
110 South Main, Springville, UT 84663
(801) 489-2700

GRAMMA REQUEST FOR RECORDS

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

Description of records 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 I will be responsible for copy costs. I authorize costs of up to \$_____. I further understand that the agency will contact me if estimated costs are greater than the amount I have specified, and that the agency will not respond to a request for copies if I have not authorized adequate costs.
- I would like to receive copies of the records. 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.

If applicable, check one of the following and attach necessary documentation.

- 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.

Other. Explain _____

My name is: _____

My address is: _____

City, state, Zip: _____

Phone number (Daytime) _____ (Home) _____

I am requesting expedited response. (Please attach information that shows your status as a member of the media and 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. 63-2-204(3).

Signature _____ Date _____