

MORGAN COUNTY GRAMA REQUEST FORM

TO: _____
(Name of government office holding the records and/or name of agency contact person.)

Address of government office: _____

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

- I would like to inspect (view) the records.
- I would like to receive a copy of the records. I understand that I may be responsible for fees associated with copying charges or research charges as permitted by UCA 63-2-203. I authorize costs of up to \$ _____.
- UCA 63-2-203 (4) encourages agencies to fulfill a records request without charge. Based on UCA 63-2-203 (4), I am requesting a waiver of copy costs because:

- releasing the record primarily benefits the public rather than a person. Please explain:

- 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 impoverished.

(Please attach information supporting your request for a waiver of the 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. Documentation required by UCA 63-2-202, is attached.
- Other. Please explain:

- I am requesting expedited response as permitted by UCA 63-2-204 (3)(b). (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 other information that demonstrates that you are entitled to expedited response.)

Requester's Name: _____

Mailing Address: _____

Daytime telephone number: _____ Date: _____

Signature: _____

If records are filed by Social Security Number, please provide that number: _____