* Each county department stores its own records and you will need to contact that department directly with any records request. You can ask for direction, if necessary, before filling out this form. *

Note: Utah Code § 63G-2-204 (GRAMA) requires a person making a records request to furnish the governmental entity with a written request containing the requester's **name**, **mailing address**, **daytime telephone number** (if available); and a **description of the record requested** that identifies the record **with reasonable** <u>specificity.</u>

Please Print All Information Clearly:
Name: _____
Address: _____
City/State/Zip: _____
Daytime contact telephone number: _____ email address: _____

Clear Description of Records Requested - *The more specific & narrow the request, the easier it will be for an office to respond. Include all relevant information, including: Names of the person(s); date range of the records; location of event described in the subject records, address, Land Serial/Parcel Number(s), section of land, subject of the request, etc.: _____
_____
_____
_____

I would like to:

☐ View/inspect the records only
☐ Receive a copy of the records and pay associated fees. Please notify me if the amount will exceed $_____
☐ Receive a copy of the records and request a fee waiver, according to Utah Code § 63G-2-203, because:
    ☐ Releasing the record primarily benefits the public
    ☐ I am the subject, or authorized representative, of the record
    ☐ My legal rights are directly implicated by the information of the record because _____
_____, and I am impecunious
☐ Receive an expedited response (5 days) because releasing the record benefits the public; for example, I request the information for a story or report for publication or broadcast to the general public

Requester's Signature: _____ Date: _____

This Section for Staff Use

☐Requester was notified that the office does not maintain the requested records on _____, 201___
and if known was also notified of that department. The request was forwarded to _____Department/Office
for processing on: Date: _____
☐Request extension of time for extraordinary circumstances. Required notice mailed/emailed on _____, 201___
☐Cost authorization obtained from requester on: Date: _____

Remarks:_____
_____
_____
_____

Cost: $_____ Records accepted by: _____ Date: _____