



John Ulibarri • WEBER COUNTY ASSESSOR
Joseph H. Olsen • CHIEF DEPUTY ASSESSOR

Weber County Assessor - Weber Center
2380 Washington Blvd. STE 380 Ogden, Utah 84401
(801) 399-8572 Fax: (801) 399-8308
www.webercountyutah.gov/Assessor

Weber County Government Request for Records Form – GRAMA For Records in the Assessor’s Office

Each county department stores its own records. You will need to contact the specific department directly with any records request. 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 specificity.

Please Print All Information Clearly:

Name: _____
Address: _____
City/State/Zip: _____
Daytime 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.: _____

(Attach Additional Sheets if Necessary)

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: _____