

## UTAH GOVERNMENT GRAMA RECORDS REQUEST FORM

Requester's name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with the Governmental Records Access Management Act, I am requesting to:

view

I would like to receive a copy of the records. I understand that I may be responsible for fees associated with copying charges and/or research charges.

Description of records sought. Be specific (Date, location of incident or accident, case number)

\_\_\_\_\_  
\_\_\_\_\_

Which I believe are collected, filed, and/or used by the following:

\_\_\_\_\_  
(name of agency)

If requested records are not public, 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 (explain)

Signature: \_\_\_\_\_

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*If requested records are classified "Controlled" sign the following:*

### ACKNOWLEDGMENT

*I hereby acknowledge that I am a physician, psychologist, or certified social worker and that I will not disclose controlled information to any person, including the subject of the record, except in response to a lawful order of the State Records Committee or the district court.*

Signature: \_\_\_\_\_

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature)

**NOTICE OF DENIAL**

Date \_\_\_\_\_

Your request for the following records or portion of records has been denied.

These records are exempt from disclosure by the following:

Court order: \_\_\_\_\_

Statute: \_\_\_\_\_

You have the right to appeal the denial to the chief administrative office (UCA 63-2-205(2)(c)(1992)). A notice of appeal must be submitted within 30 days. Your notice of appeal must include your name, mailing address, a daytime telephone number, and explanation of what relief you are seeking. Any supporting information should also be included. This should be sent to the following:

**Chief Administrative Officer:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

Thank you, \_\_\_\_\_  
(signature of agency representative)

.....  
**FOR AGENCY USE ONLY**

Request received: \_\_\_\_\_ Person reviewing request: \_\_\_\_\_  
(date) (signature)

How is the record series classified:

- \_\_\_\_\_ Private (UCA 63-2-302)
- \_\_\_\_\_ Controlled (UCA 63-2-303)
- \_\_\_\_\_ Protected (UCA 63-2-304)
- \_\_\_\_\_ Exempt or governed by another statute (UCA 63-2-201(3)(b))

If records are not public, how was identification verified:

Copying fee(s): \_\_\_\_\_

**RESPONSE DATES:**

Request approved: \_\_\_\_\_ Records sent: \_\_\_\_\_  
 Request denied: \_\_\_\_\_ Denial sent: \_\_\_\_\_  
 Notified requester records not maintained by this agency: \_\_\_\_\_  
 Extraordinary circumstance extension of time: \_\_\_\_\_ Sent: \_\_\_\_\_