

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: _____

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)

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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: _____