

**RICHMOND CITY RECORDS REQUEST FORM (GRAMA)**

**DESCRIPTION OF THE RECORDS SOUGHT (PLEASE BE AS SPECIFIC AS POSSIBLE):**

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- 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 up to \$\_\_\_\_\_ (Please Initial) \_\_\_\_\_
- 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: \_\_\_\_\_

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- 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.)

**REQUESTORS NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**DAYTIME TELEPHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If records are filed by Social Security Number, please provide the number: \_\_\_\_\_