

SMITHFIELD CITY GOVERNMENT RECORDS REQUEST FORM (GRAMA)

TO: Smithfield City
ADDRESS: 96 South Main, Smithfield, UT 84335

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

- 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: _____

- 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: _____