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: __________________________