Government Records Access and Management Act [GRAMA]  
Request for Records

To:     Midvale City     Fax: 801.727.9110  
       Attn: Rori Andreason   Email: randreason@midvale.com
       7505 S. Holden Street  
       Midvale, Utah 84047

Person making request:
Name:  
Mailing Address:  
Daytime Telephone Number:  
Email Address:  

I desire ____ access to or ______ copies of the following records (describe with reasonable specificity, attach additional sheet if necessary):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

see additional sheet(s) attached.

This request is submitted under the authority of Section 63G-2-101 et. seq., Utah Code, (GRAMA).

If applicable, check one of the following and attach necessary documentation.
____ 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.
____ I believe this request should be handled as an expedited (five day) request under Section 63G-2-204(3), because,
for the reasons outlined in the attached explanation, expedited response to this request benefits the public rather than
the person making the request. (If applicable, describe the reasons the public will benefit from early response
to this request and attach that summary to this request. Without this provision, the request will be
handled as soon as reasonably possible, but can take up to ten business days to be granted.)
____ I am requesting a waiver of the copy costs because:

☐ Release of the records primarily benefits the public rather than myself.
☐ 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 impecunious.

(Please attach information supporting your request for a waiver of fees.) _______ Other. Explain _________________

I agree to pay a reasonable fee to cover the actual cost of duplicating a record if copies are requested, not to exceed
$____________, in conformance with the government entity’s policy as determined by ordinance or written formal policy
adopted by the governing body. I understand that there is no charge for inspecting a record. I further understand that the
agency will contact me if estimated costs are greater than the amount I have specified and that the agency will not
respond to a request for copies if I have not authorized adequate costs.

Date: ____________________  Signature: ____________________________

FOR AGENCY USE ONLY

Date request received: ________________  Initial time limit for response:  ○ 5 days  ○ 10 days

Classification:  Public ____________  Private _________
Protected _________  Controlled ____________
Access is governed by a law other than GRAMA ____________
Requested document is not a “record” under GRAMA ____________

Is access authorized? (Complete this section if records are private, controlled, or protected.)

Private:
_____ Requester is the subject of the record.
_____ Requester is another person authorized by UCA 63G-202(1) and has supplied required documentation.
_____ Requester is not authorized to have access.

Controlled:
_____ Requester is a physician, psychologist, or certified social worker, insurance provider or agent, or a government public health agency has supplied a notarized release dated no more than 90 days prior to this request, and has signed an acknowledgment regarding non-disclosure. UCA 63G-2-202(2).
_____ Requester is not entitled to access.

Protected:
_____ Requester is the person who submitted the record.
_____ Requester is another person authorized by UCA 63G-2-202(4) and has supplied required documentation.
_____ Requester is not entitled to access.

How was identification verified? __________________________________________________________

Response to request: (See UCA 63G-2-204)
_____ Approved, requester notified on ________________, 20____.
_____ Denied – Written denial sent on ________________, 20____.
_____ Requester notified agency does not maintain record, and, if known, was also notified of name and address of agency that does maintain record on ________________, 20____.
_____ Extension of time claimed for extraordinary circumstances. Required notice sent on ________________, 20____.
See UCA 63G-2-204(3)(iv).

Copy fees:

Amount ____________ or, if waived, waiver approved by _________________________________.

__________________________________  
(Signature of person completing request)