



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

To: Midvale City
Attn: Rori Andreason
7505 S. Holden Street
Midvale, Utah 84047

Fax: 801.727.9110
Email: randreason@midvale.com

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)