



GRAMA REQUEST

DELTA CITY RECORDER*
76 N 200 W, DELTA UT, 84624-9440
435.864.2759 V/435.864.4313 F

Description of records sought (*Records must be described with reasonable specificity*): _____

- o I would like to inspect the records (*This option is only available within the Delta City offices during regular business hours and without cost unless research time exceeds 15 minutes and/or you desire to leave with copies of the documents inspected*).
- o I would like to receive a copy of the records. †I understand that I will be responsible for copy costs. I authorize costs of up to \$_____. First 15 minutes research free, \$20 an hour thereafter plus \$.10 per copy (8.5" x 11" non-color). Upon estimated determination of cost involved in records compilation, prepayment must be received if estimated fees are expected to exceed \$50, any excess fees to be refunded in excess of actual cost. (UCA 63-2-203(8)). Requesting party will otherwise be invoiced.
- o I would like to receive a copy of the records and request a waiver of copy costs because:
 - o I am the subject of the record.
 - o I am the authorized representative of the subject of the record.
 - o My legal rights are directly affected by the record.

(Attach information supporting your request for a waiver of fees.)

If the requested records are not public, please explain why you believe you are entitled to access.

- o I am the subject of the record.
- o I am the person who provided the information.
- o I am authorized to have access by the subject of the record or by the person who submitted the information (*Attach documentation required by UCA 63-2-202*).
- o Other. Explain _____.
- o I am requesting expedited response. (*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 attach other information that demonstrates that you are entitled to expedited response under UCA 63-2-203(3)*).

Name: _____

Address: _____

City, State & Zip Code: _____

Daytime Telephone Number: _____

Requester's Signature: _____ Date: _____

Delta City Recorder's Office Use

Received By: _____ Log-in Date: _____ Response Date: _____

* The response to a request may be delayed if it is not directed properly.

† A government entity may charge a reasonable fee to cover the governmental entity's actual cost of duplicating a record. This fee shall be approved by the governmental entity's executive officer (UCA 63-2-203). Approved by the Delta City Council on October 6, 2005.