

Date of Request _____

River Heights City
GRAMA Records Request

The following form should be completely filled out and returned to the City Recorder. The City is allowed 10 business days in which to respond to your request. Presently, River Heights City charges \$0.25 per copy and \$18.00 per hour for research. The City may assess other fees for records compiled in a form other than that maintained.

Requestor's Name: _____ Daytime Phone: _____

Address: _____ State: _____ Zip: _____

Email: _____

In accordance with the Governmental Records Access Management Act, I am seeking the following record(s) specifically described:

_____.

which I believe are collected, filed and/or used by the City of River Heights, 520 South 500 East, River Heights, Utah 84321, (435) 752-2646.

- I would like to view/inspect the record.
- I would like to receive copies of the requested record(s). I agree to pay a reasonable fee to cover the City's actual cost of duplicating the records, or compiling the records in a form other than that maintained by the City. I authorize cost of up to \$ _____. I further understand that the City will contact me if the estimated costs are greater than the amount I have specified and that the City will not copy or compile the documents if I have not agreed to pay the costs.
- I would like the records emailed to the above address.

Signature

Date

Date of Request _____

I request waiver of the above fees as provided by the City Ordinance 1-2006 for the following reasons:

If requested records are classified "**Controlled**," sign the following:

Signature

Date

I hereby **acknowledge** that I am a physician, psychologist, or certified social worker and I will not disclose controlled information to any person, including the subject of the record, except in response to a lawful order of the State Records Committee of the District Court.

Signature

Date

Response to Request
(For office use only)

- APPROVED - Requestor notified on _____, 20 ____.
- DENIED - Written denial sent on _____, 20 ____.

FEES: \$ _____

If waived, they were approved by: _____.

Further cost authorization obtained from requestor by: _____ on _____, 20 ____.

Signature

Date