



GRAMA REQUEST FOR RECORDS

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

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

_____ I would like to inspect the records

_____ 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 \$ _____.

_____ I would like to receive a copy of the records and request a waiver of copy costs because:

- _____ Release of the records primarily benefits the public rather than me.
- _____ 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 waiver of fees)

If 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. (please attach documentation)

_____ Other. Explain: _____

I am requesting an expedited response. (please attach information that shows your status of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrates that you are entitle to expedited response.

Signature

Date

OFFICE USE ONLY

Date request received _____

Copy/Research Fee _____

Date record released _____

Released by _____