



Salem City
30 W 100 South
Salem, UT 84653
jeffn@salemcity.org

GRAMA Request for Records Form

Name: _____

Email: _____

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 _____