



GRAND COUNTY SHERIFF'S OFFICE RECORDS REQUEST/GRAMA FORM



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

I would like to inspect (view) the records.

I would like to receive a copy of the records. I understand that I may be responsible for fees associated with Copying charges or research charges as permitted by UCA 63-2-203. I authorize the cost up to \$_____.

UCA 63-2-203(3) encourages agencies to fulfill a records request without charge. Based on UCA 63-2-203(3), I am requesting a waiver of copy costs because:

Releasing the record primarily benefits the public rather than a person. Please Explain:_____

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 impoverished
(Please attach information supporting your request for a waiver of the fees.)

If the 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. Documentation required by UCA 63-2-202, is attached.

Other. Please explain:_____

I am requesting expedited response as permitted by UCA 63-2-204(3)(b). (Please 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 other information that demonstrates that you are entitled to expedited response.)

Requester's Name:_____

Mailing Address:_____

Daytime Telephone number:_____

Date:_____

Signature: _____

If records are filed by Social Security Number, Please provide that number: _____

FOR AGENCY USE ONLY

Request Received: _____ Person Receiving Request: _____
_____ (Date) (Officer Name)

How is the record Classified?

- _____ Public (UCA 63-2-301)
- _____ Private (UCA 63-2-302)
- _____ Controlled (UCA 63-2-304)
- _____ Protected (UCA 63-2-305)
- _____ Exempt or governed by other statute (UCA 63-2-210(3)(b)).

If records are not public, how was identification verified:

Coping Fees: _____

RESPONSE DATES:

Request Approved: _____ Records Sent: _____
 _____ (Date) (Date)

Request Denied _____ Denial Sent: _____
 _____ (Date) (Date)

Response made by: _____
(Officers Name)

Notified requestor that the records which were requested are not maintained by this agency
_____ (Date)

Extraordinary circumstances extension time: _____.

Notification sent: _____.

FEE SCHEDULE

Accident Report(Simple) - \$7.50 _____

Pictures - \$1.00 each _____

CD/Video Tape - \$25.00 _____

Paper Copies - \$1.00 per page _____

Records Hourly - \$25.00 _____

Electronic Transmittal - \$5.00 _____