



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.)

Pursuant to Utah Code Ann. § 17-22-30(3)(a); booking photographs I receive from the Grand County Jail will not be placed in a publication or posted to a website that requires the payment of a fee or other consideration in order to remove or delete the booking photograph from the publication or website.

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: _____ (Date) Person Receiving Request: _____ (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.

If records are not public, how was identification verified:

Coping Fees: _____

RESPONSE DATES:

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

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