



**GRAMA Request For Records  
Uintah County Government**

Date: \_\_\_\_\_

Requester Name:			
Address:			
City, ST Zip:		Email Address:	
Daytime Phone:		Fax Number:	

To which office? \_\_\_\_\_

Description of Records Sought (must be reasonably specific):

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 am requesting expedited response. (Please attach information that shows your status as a member of the media and a statement that the records required for a story or broadcast or publication; or please attach other information that demonstrates that you are entitled to expedited response under UCA 63-2-204(3).)

If the requested records are not public, please explain why you believe you are entitled to access.

I am the subject of the record. (Private records only).

I am the person who provided the information. (Protected records only).

I am authorized to have access by the subject of the record or by the person who submitted the information. (Please attach documentation required by (UCA 63-2-202).

Other. Explain

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The response to a request may be delayed if it is not directed properly. To find out where to direct a request, consult the departments in this website, or telephone the Clerk-Auditor's office at 435-781-5361.

\*\*\*\*\*

**FOR AGENCY USE ONLY**

Date request received: \_\_\_\_\_ Initial time limit for response:  5 days  
 10 days

Classification:  Private  Controlled  
 Protected  Public  
 Access is governed by a law other than GRAMA  
 Requested document is not a "record" under GRAMA

Is access authorized? (Complete this section if records are private, controlled, or protected.)

PRIVATE:  Requester is the subject of the record.  
 Requester is other person authorized by UCA 63-202(1) and has supplied required documentation.  
 Requester is not authorized to have access.

CONTROLLED:  Requester is a physician, psychologist, or certified social worker, has supplied a notarized release dated no more than 90 days prior to this request, and has signed an acknowledgment re nondisclosure. UCA 63-2-202(2).  
 Requester is not entitled to access.

PROTECTED:  Requester is person who submitted record.  
 Requester is other person authorized by UCA 63-2-202(4) and has supplied required documentation.  
 Requester is not entitled to access.

How was identification verified?

\_\_\_\_\_  
\_\_\_\_\_

Response to request: (See UCA 63-2-204)

- Approved. Requester notified on \_\_\_\_\_
- Denied. Written denial sent on \_\_\_\_\_
- Requester notified agency does not maintain record, and, if known, was also notified of name and address of agency that does maintain record on \_\_\_\_\_
- Extension of time claimed for extraordinary circumstances. Required notice sent \_\_\_\_\_ . See UCA 63-2-204(3)(iv).

Copy fees: Amount \$ \_\_\_\_\_

If waived, fee waiver approved by: \_\_\_\_\_

Signature