## Government Records Access and Management Act [GRAMA] Request for Records

To:

Town of Alta

P.O. Box 8016 Alta, UT 84092 Person making request: Mailing Address:

City:

State:

Daytime Telephone Number Description of records sought (records must be described with reasonable specificity; attach additional sheet if necessary): This request is submitted under the authority of Section 63-2-101 et. Seq., Utah Code, (GRAMA). [] I would like to inspect the records. I would like to receive a copy of the records. I understand I will be responsible for copy costs as determined by Town of Alta Fee Schedule for records requests. I authorize costs 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 a waiver of copy costs 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 (Please attach documentation required by U.C.A. 63-2-202) [] Other. Explain [ ] I am requesting an expedited response. Please attach information that shows your status as a member of the media and a statement that the records are required for a broadcast or publication; or attach other information that demonstrates that you are entitled to expedited response under U.C.A. 63-2-203(3). I understand that The Town of Alta will contact me if estimated costs are greater than the amount I have specified and that the Town of Alta will not respond to a request for copies if I have not specified adequate costs. I also understand that if my request is voluminous or lacking specificity, the Town may require onsite records inspection prior to copying. Date Signature