

GRAMA REQUEST FOR RECORDS

To: _____¹
(Name of person and/or government office holding records)

Address of government office: _____

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

- I would like to inspect the records.
- I would like to receive copies of the records. I understand that I will be responsible for copy costs. I authorize costs of up to \$_____. I further understand that the agency will contact me if estimated costs are greater than the amount I have specified, and that the agency will not respond to a request for copies if I have not authorized adequate costs.

If applicable, check one of the following and attach necessary documentation.

- 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.
- Other. Explain _____

My name is: _____

My address is: _____

City, State, Zip Code: _____

My daytime telephone number is: _____

Signature

Date

¹The response to a request may be delayed if it is not directed properly. To find out where to direct a request, consult the agency's rules, or telephone the agency or State Archives. The telephone number for State Archives is (801) 538-3012.