



CITY OF HOLLADAY
 Community & Economic Development Department
 4580 South 2300 East, Holladay, UT 84117
 Phone: 801-527-3890

Records Request/ GRAMA Form

Requestor's Name: _____ Requestor's Phone #: _____

Requestor's Address: _____ Request Date: _____

Requestor's Email Address: *(GRAMA results may be sent to this email)* _____

Address Pertaining to Records Request: _____ Department Requested From: _____

Description of Records Request: _____

(Records must be described with reasonable specificity)

Please note that UCA 63G-2, Government Records and Access Management Act (GRAMA), does not require any agency to create any record to fulfill a request.

Records Request Output(s)

Check all that are applicable:

I would like to view/inspect the records.

I would like to receive electronic copies of the records.

I would like to receive hard copies of the record. I understand that I will be responsible for copy costs. I understand the city charges a fee for copies of records (*i.e., \$0.15 per page*) and that copies will be provided subject to fees being paid.

I authorize costs of up to \$_____. If the cost exceeds the amount I have specified, I further understand that the office will contact me if estimated costs are greater than the above specified amount and will not respond to a request for copies if I have not authorized adequate costs.

I would like to request a waiver of costs as provided in UCA 63G-2-203(4). Supporting documentation is attached.

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 records or by the person who submitted the information. Documentation required by UCA 63-2-202, is attached

Other: I am requesting expedited response as permitted by UCA 63-2-204(3) (a). *Explain why:* _____

(Releasing the record primarily benefits the public rather than a person).

Applicant Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

GRAMA Received by:

GRAMA Processed by:

Date:

Time:

Date:

Time:



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FOR OFFICIAL USE ONLY	
GRAMA Result(s) sent to City Recorder:	GRAMA Result(s) received by City Recorder:

GRAMA RESULTS:		
NO RECORDS FOUND:	The city does not/no longer maintain the record(s) requested in its archives	Requestor Notified on: _____
EXTENTION NEEDED:	The city needs an extended time to complete the request due to extraordinary circumstances	Requestor Notified on: _____
REQUEST APPROVED :		REQUEST DENIED:
Reasons/Conditions: _____ _____		Reasons/Conditions: _____ _____
Approval Signature: _____		Denial Signature: _____
Date: _____	Requestor Notified on: _____	Date: _____ Requestor Notified on: _____

OFFICE USE ONLY
FEEES
Copy Fee: \$ _____
If Waived, Approved by: _____
Date: _____
Cost Authorization obtained from Requestor on: _____
Staff Comments: _____ _____ _____ _____ _____ _____