



Response Due Date: _____

Government Records Access Management Act REQUEST FORM

To: **Herriman City**
5355 West Herriman Main Street
Herriman, UT 84096

City Recorder's Office: _____
Department: _____ /Date _____

Requestor's Name: _____
Please Print Clearly

Mailing Address: _____
Street City State Zip Code

Daytime telephone number: _____

Email: _____

Requestor's Signature: _____ Date: _____

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 shall be responsible for fees associated with copying charges or research charges as permitted by UCA § 63-2-203. I authorize costs of up to \$ _____. If costs exceed the amount I have specified, I further understand that the office will contact me and will not respond to a request for copies if I have not authorized adequate costs. I understand the City has 10 business days to respond to this request.

By signing above, I agree to pay the following charges: (Ordinance No.07-19)

<i>Copies – Duplicating:</i>	<i>.20¢ for 8½ x 11 – all other sizes of paper .45¢ each</i>
<i>Summarizing, compiling, or tailoring of records in a form to meet the request:</i>	<i>\$50.00 an hour – (No charge for the first ½ hr.)</i>
<i>Compact Disc:</i>	<i>\$1.50 each</i>
<i>Colored Copies</i>	<i>.40¢ each page (8½ x 11)</i>
<i>Certified Copies:</i>	<i>\$5.00 each page</i>
<i>OTHER:</i>	

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: 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.)

GRAMA Received by: _____ Date: _____

GRAMA Given to: _____ / _____ Date: _____
Who initially received request
Department Head Signature

FOR CITY USE ONLY

Classification of Record:

- Public Private
- Protected Controlled

If access authorized, please explain: (See UCA §63-2-202) _____

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: Date: _____ /By: _____ (See UCA § 63-2-204(5))
Please attach letter to this document.

Copy fees: Amount _____ or, if waived, waiver approved by _____

Reason for waived fees _____

How many paper copies were made: Black and White _____ Color: _____

C.D's: _____ Did you make a copy of the CD for the Recorder's Office? Yes / No

Time spent responding to request: _____ (No charge for first half hour of staff time)

Staff Member Signature: _____ Date: _____

Date: _____ Department Head Signature: _____

Notes: _____

Upon Completion, please submit this original Record's Request to the City Recorder Office

Completed: _____ Date: _____