

Government Records Access & Management Request (GRAMA)

WEST BOUNTIFUL CITY

550 N 800 West West Bountiful, UT 84087 Phone: (801) 292-4486 Fax: (801) 292-6355 www.wbcity.org

Please Note: All records requests will be processed as soon as reasonably possible, but no later than 10 business days after receiving written request, unless reason for an expedited (5 day) response can be shown below.

Naı	ame of Requestor:	
Ma	ailing Address:	
Primary Phone: Email:		
De	escription of records requested (please be as specific as possible):
_		
	I would like to inspect the reco	ords
	I would like to receive a copy costs up to \$	of the records. I understand that I will be responsible for copy costs. I authorize
		of the records and request a waiver of copy fees pursuant to UCA 63G-2-203(4)
		response pursuant UCA 63G-2-204(3), because an expedited response to this her than the person making the request.
Ple	ease check one of the following	and attach required documentation if necessary.
	The record is a public record a	vailable for my review.
	I am the subject of the record	. (Photo ID required.)
	I am the person who provided	the information. (Photo ID required.)
	I am authorized to have acces (Provide authorization)	s by the subject of the record or by the person who submitted the information.
Signature:		Date:
		FOR OFFICIAL USE ONLY
DATE REQUEST RECEIVED:		DATE DUE:
FEES PAID: \$		DATE COMPLETED:
REQUEST: APPROVED DENIED		(IF DENIED, ATTACH NOTIFICATION - PURSUANT TO UCA 63G-2-205)