



## 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.wbcityut.gov

**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.

Name of Requestor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of records requested (please be as specific as possible):

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- ☐ I would like to inspect the records
- ☐ I would like to receive a copy of the records. I understand that I will be responsible for copy costs. I authorize costs up to \$ \_\_\_\_\_.
- ☐ I would like to receive a copy of the records and request a waiver of copy fees pursuant to UCA 63G-2-203(4). Please explain circumstances: \_\_\_\_\_
- ☐ I am requesting an expedited response pursuant UCA 63G-2-204(3), because an expedited response to this request benefits the public rather than the person making the request.

**Please check one of the following and attach required documentation if necessary.**

- ☐ The record is a public record available 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 access by the subject of the record or by the person who submitted the information. (Provide authorization)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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#### 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)