



CENTERVILLE CITY GOVERNMENT RECORDS REQUEST FORM

GOVERNMENT RECORDS ACCESS AND MANAGEMENT ACT

All government records of Centerville City are maintained, classified and subject to access in accordance with the Utah Government Records Access and Management Act ("GRAMA"), as set forth at *Utah Code Ann.* §§ 63G-2-101, *et seq.*, as amended. If you have any questions regarding this form, you are encouraged to contact the City Recorder or the City Attorney at (801) 295-3477. Pursuant to applicable provisions of GRAMA, this Government Records Request is a public document. Please submit this form to the City Recorder, Centerville City Hall, 250 North Main Street, Centerville City, Utah 84014.

REQUESTER'S INFORMATION

Name:	Phone Number:
Entity (if you represent an entity or agency):	Email:
Address:	
City/State/Zip:	

DESCRIPTION OF RECORDS REQUEST

Please describe the records sought (records must be described with reasonable specificity). Please note the more specific and narrow your request, the easier it will be for the City to quickly and effectively respond to your request. Failure to describe the records sought with reasonable specificity may result in delay or denial of the request.

INSPECTION OR COPIES OF RECORDS

You may inspect public records free of charge during regular business hours. You may also request copies of records for applicable fees related to actual costs. Please indicate what you are requesting.

- I would like to inspect the records during regular business hours.
- I would like to receive a hard copy of the records. I understand that I will be responsible for copy costs and research fees. I authorize costs of up to \$_____. I understand that the City will contact me if estimated costs are greater than the amount I have specified and that the City will not respond to the required for copies if I have not authorized adequate costs.
- I would like to receive an electronic copy of the records to the extent available. I have provided an accurate email address for electronic delivery of the records or will make other arrangements for data delivery acceptable to the City. I authorize costs of up to \$_____.

FEE WAIVER

Certain statutory provisions authorize fee waivers under certain circumstances. I would like to receive copies of the records and request a waiver of the fees for one of the following authorized reasons:

- I am the subject of the record
- Release of the records primarily benefits the public not me
- I am the authorized representative of the subject of the record
- My legal rights are directly affected by the record and I am impecunious

REQUESTS FOR PRIVILEGED, PRIVATE OR PROTECTED RECORDS

If the records requested are not public, please explain why you believe you are entitled to access. Please attach documentation or authorization, as applicable.

- I am the subject of the record
- I am the person who provided the information
- I am the parent or legal guardian of a minor who is the subject of the record
- I have power of attorney or notarized release from the subject of the record or provider of information
- I am authorized to have access by the subject of the record or the provider of the record
- Other (explain): _____

REQUEST FOR EXPEDITED RESPONSE

Signature of Records Requestor

Date: _____