

2380 Washington Blvd., Suite 240
Ogden, UT 84401-1456
(801) 399-8374 or 801-399-8791
Fax (801) 399-8862

REQUEST FOR RECORDS FORM (GRAMA)

PLEASE PRINT CLEARLY:

Requestor's Name: _____ Daytime Phone: _____

Address: _____
and Street City State Zip

Clear description of record sought:

_____ I would like to view/inspect the record

_____ I would like to receive copies of the record. I understand that Weber County may charge a reasonable fee for copies or records and/or staff time, for packaging, summarizing, etc. (§63-2-203, Fees), and that copies will be provided subject to fees being paid. I authorize costs of up to \$ _____. If costs are greater than the amount I have specified, I further understand that the office will contact me for approval prior to processing the request.

❖ Requestor's Signature: _____ Date: _____

For Staff Use

Request Accepted By: _____ Date: _____

Request Approved By: _____ Date: _____

Staff Comments:

Requestor was notified that this office does not maintain the requested record(s), and if known was also notified of the department that maintains the record. The request was forwarded to _____ department for processing on: Date: _____

Extension of time for extraordinary circumstances. Required notice sent on: Date: _____

Cost authorization obtained from requestor on: Date: _____.

Cost: \$ _____ Receipt No. _____ Fees Collected By: _____

❖ Record(s) Received By: _____ Date: _____

Staff Comments: _____

