

Department of Human Resource Management
Room 2120 State Office Building
Salt Lake City, Utah 84114-1531
Phone: 801-538-3025 Fax: 801-538-3081
GRAMA Request for Records

TO: Department of Human Resource Management

My name is: _____

My address is: _____

City, State, Zip code: _____

My e-mail address: _____

My daytime telephone number is: _____

Description of records sought (records must be described with reasonable specificity):

- I would like to inspect the records.
- I would like to receive copies of the records.
- I understand that I will be responsible for copies or other costs up to \$____. I further understand that the agency will contact me if estimated costs are greater than the amount specified, and that the agency will not respond to a request for copies if I have not authorized adequate costs.
- I request a waiver of copy costs. (Please attach information supporting your request; see U.C.A. 63-2-203(3) for a list of situations under which an agency is encourages to provide copies without charge.)

If applicable, check one of the following and attach necessary documentation.

- I am the subject of the record.
- I am not the subject of the record. Check appropriate box below:
 - 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. Attach signed third-party consent form.
- Other. Explain
- I am requesting expedited response. (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrates that you are entitled to expedited response under U.C.A., 63-2-204(3).)

Signature Date