



REQUEST FOR RECORDS
Government Records Access & Management Act (GRAMA) Request Form

TO: Recorder Division
Murray City Corporation
5025 S State Street
Murray, UT 84107

Email: bsmith@murray.utah.gov

Please DO NOT use this form for copies of accident reports or crime reports. The police have a separate form and procedure. Please call 801-264-2673 for additional information.

Detailed description of records sought *(Please be specific, including date ranges; -if needed attach an additional page):*

PLEASE CHECK ONE OF THE FOLLOWING:

- I believe the information I seek is a public record per Utah Code 63G-2-301.
- I am the subject of the record. *
- I am authorized to have access to the record by the subject of the record. *
**Per Utah Code 63G-2-202, a governmental entity: (a) shall, upon request, disclose a private record to: (i) the subject of the record; (B) submits a notarized release from the subject of the record or the individual's legal representative dated no more than 90 days before the date the request is made.*
- Other: _____

RESPONSE REQUESTED & ASSOCIATED FEES:

- I would like to inspect the records at Murray City Hall +
- I would like to receive a copy of the record via email +
+ Records that are viewed in person and/or emailed are normally gathered without cost (except police reports), unless the request requires extraordinary research and/or staff time. You will be notified, prior to release, if a fee will be associated with your request. I authorize costs of up to \$_____ if a fee will be assessed.
- I would like to receive a physical copy of the record via mail. *(For copies & other records, please see fee schedule.)*
- I am the subject of the record and request a waiver of copy costs *(Only for use by persons claiming inability to pay-attach information supporting your request as an impecunious person.)*
- I am a member of the media and am requesting expedited response within five (5) business days *(Attach proof 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.)*

REQUESTOR'S CONTACT INFORMATION:

Requestor's name: _____ Company: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____ Telephone Number: _____

Signature

Date