



**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: [grama@murray.utah.gov](mailto:grama@murray.utah.gov)

*DO NOT use this form to request POLICE, ACCIDENT, 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