



# GRAMA - Records Request Form

Salt Lake City Recorder's Office

PO Box 145515

Salt Lake City, UT 84114-5515

Phone: (801) 535-7671 Fax: (801) 535-7681

TO:

\_\_\_\_\_  
(Name of the Salt Lake City Department or the City Council office, if applicable, holding records the records; if you do not know the department, address this to the Salt Lake City Recorder.)

**DESCRIPTION of records requested:** (Be as specific as possible, i.e., type of record, relevant dates, and if applicable, property address, permit # and parcel #. You may attach a separate page, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I would like to inspect the records.

\_\_\_ I would like to receive a copy of the records.

\_\_\_ I understand that I will be responsible for costs to compile and copy records. I authorize costs up to \$\_\_\_\_\_.

If the requested records are not public, please explain why you believe you are entitled to access.

\_\_\_ I am the subject of the record. (Photo ID required.)

\_\_\_ I am the person who provided the information. (Photo ID required.)

\_\_\_ I am authorized to have access by the subject of the record or by the person who submitted the information.

Please explain. \_\_\_\_\_  
\_\_\_\_\_

Name of requester: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_