



CITY OF SARATOGA SPRINGS - GRAMA REQUEST FOR RECORDS

Submit Request to: CITY RECORDER
Address: 1307 N Commerce Drive, Suite 100, Saratoga Springs UT 84045
Email/Phone: clopiccolo@saratogaspringscity.com 801-766-9793 ext. 103

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

- 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 copy costs. I authorize costs of up to \$_____
- I would like to receive a copy of the records and request a waiver of copy costs because:
 - Release of the records primarily benefits the public rather than me.
 - I am the subject of the record.
 - I am the authorized representative of the subject of the record.
 - My legal rights are directly affected by the record and I am impecunious. **(Please attach information supporting your request for a waiver of fees.)**

If this is a Request for a Police Record, please provide the DOB for the Report Subject _____.

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

- I am the subject of the record.
- 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 (Please attach documentation required by UCA 63G-2-202.)
- Other. Please Explain:

- I am requesting expedited response. (please attach information that shows your status as a member of the media and a statement that 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 UCA 63G-2-204.)

Name: _____
Address: _____
City, State, Zip Code: _____
Daytime Telephone Number: _____
Email Address: _____

Signature Date

****The request may be delayed if all information requested is not provided****