

MORGAN CITY  
RECORDS REQUEST

Requester's name: \_\_\_\_\_

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

Daytime telephone: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

In accordance with the Governmental Records Access Management Act, I am requesting to  
( ) view ( ) copy the following record(s):

Please describe record(s) requested:

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

\_\_\_ see additional sheet(s) attached

This request is submitted under the authority of Section 63-2-101 et. Seq., Utah Code (GRAMA)

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

\_\_\_ 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. Documentation required by UCA 63-2-202, is attached

\_\_\_ I believe this request should be handled as an expedited (five day) request under Section 63-2-204(3), because, for the reasons outlined in the attached explanation, expedited response to this request benefits the public rather than the person making the request. (Describe the reasons the public will benefit from early response to this request and attach the summary to this request. Without this provision, the request will be handled as soon as reasonably possible, but can take up to ten business days to be granted)

\_\_\_ I am requesting a waiver of the copy costs because:

- \_\_\_ Release of the records primarily benefits the public rather than myself
- \_\_\_ 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)

\_\_\_ Other. Explain \_\_\_\_\_

I agree to pay a reasonable fee to cover the actual cost of duplicating a record if copies are requested, not to exceed \$\_\_\_\_\_, in conformance with the government entity's policy as determined by formal policy adopted by the governing body. I understand that there is no charge for inspecting a record. I further understand that the agency will contact me if estimated costs are greater than the amount I have specified and that the agency will not respond to a request for copies if I have not authorized adequate costs.

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

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

.....  
**FOR AGENCY USE ONLY**

Date request received: \_\_\_\_\_ Initial time limit for response     5 days  
    10 days

Classification: Public \_\_\_\_\_ Private \_\_\_\_\_  
Protected \_\_\_\_\_ Controlled \_\_\_\_\_  
Access is governed by a law other than GRAMA \_\_\_\_\_  
Requested document is not a "record" under GRAMA \_\_\_\_\_

Is access authorized? (Complete this section if records are private, controlled, or protected.)

Private: \_\_\_\_\_ Requester is the subject of the record.  
\_\_\_\_\_ Requester is another person authorized by UCA 63-2-  
\_\_\_\_\_ 202(1) and has supplied required documentation.  
Requester is not authorized to have access.

Controlled: \_\_\_\_\_ Requester is a physician, psychologist, or certified social  
\_\_\_\_\_ worker, insurance provider or agent, or a government  
\_\_\_\_\_ public health agency has supplied a notarized release  
dated no more than 90 days prior to this request, and  
has signed an acknowledgment regarding non-  
disclosure. UCA 63-2-202(2).  
\_\_\_\_\_ Requester is not entitled to access.

Protected: \_\_\_\_\_ Requester is the person who submitted the request.  
\_\_\_\_\_ Requester is another person authorized by UCA 63-2-  
\_\_\_\_\_ 202(4) and has supplied required documentation.  
Requester is not entitled to access.

How was identification verified? \_\_\_\_\_

Response to request (See UCA 63-2-204)

\_\_\_\_\_ Approved, requester notified on \_\_\_\_\_  
\_\_\_\_\_ Denied – Written denial sent on \_\_\_\_\_  
\_\_\_\_\_ Requester notified agency does not maintain record,  
and, if known, was also notified of name and address of  
agency that does maintain record on \_\_\_\_\_  
\_\_\_\_\_ Extension of time claimed for extraordinary  
circumstances. Required notice sent on \_\_\_\_\_  
See UCA 63-2-204(3)(iv).

Copy fees:

Amount \_\_\_\_\_ or, if waived, waiver approved by \_\_\_\_\_

\_\_\_\_\_  
(Signature of person completing request)