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: ________________________________

Revised 6/1/05
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)

Revised 6/1/05