



## CITY OF SARATOGA SPRINGS – GRAMA REQUEST FOR RECORDS JUSTICE COURT

Submit Request to: COURT CLERK  
Address: 367 S. Saratoga Road, Saratoga Springs UT 84045  
Email/Phone: court@saratogasprings-ut.gov 801-766-6508

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

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Court Case Number \_\_\_\_\_

- 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:  

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- 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\*\*