



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@saratogasprings-ut.gov 801-766-9793 ext. 103

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

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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 fees associated with copy costs or research pursuant to the [GRAMA Fee Policy](#). I authorize cost 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: _____

Email Address: _____

Mailing Address: _____

Daytime Telephone Number: _____

Date

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