



G R E A T E R S A L T L A K E

Municipal Services District

GRAMA Request Form

Note: Utah Code § [63G-2-204](#) (GRAMA) requires a person making a records request furnish the governmental entity with a written request containing the requester's name, mailing address, daytime telephone number (if available); and a description of the record requested that identifies the record with reasonable specificity.

Requester's information

Name: _____ Date: _____

Address: _____

City/State/zip: _____

Daytime telephone number: _____

Request made to

Government agency or office: _____

Address: _____

City/State/zip: _____

Records requested

Note: The more specific and narrow the request, the easier it will be for the Greater Salt Lake Municipal Services (GSLMSD) to respond to the request. If you are unsure about the records' description, contact the GSMSD records officer at (385) 468-6703.

Description of records including all relevant information—location of event(s) described in records, city, county, address; date range of the records; names of the person(s); and subject of the request.



Municipal Services District

Note: If the record has a restricted access, GRAMA provides that certain individuals may still receive access.

_____ I am the subject of the record

_____ I am the authorized representative of the subject of the record

_____ I provided the information in the record

Considerations about the desired response

I would like to:

_____ View or inspect the records only

_____ Receive a copy of the records and pay associated fees. Please notify me if the amount will exceed
\$ _____

_____ Receive a copy of the records and request a fee waiver, according to Utah Code § [63G-2-203](#), because:

_____ Releasing the record primarily benefits the public

_____ I am the subject, or authorized representative, of the record

_____ My legal rights are directly implicated by the information of the record because
_____, and I am impecunious

_____ Receive an expedited response (5 days) because releasing the record benefits the public; I request the information for a story or report for publication or broadcast to the general public.

Upon completion of this form, please select "Save As" and name your form as follows:

Lastname_Firstname_MSD GRAMA

Email your completed form to: mahoward@msd.utah.gov

Physical Address: 860 W. Levoy Dr., Suite 300, Taylorsville, UT 84123

Mailing Address: Greater Salt Lake Municipal Services District

PO BOX 147400

SALT LAKE CITY, UT 84114-7400

Main Phone: (385) 910-5600 Website: <https://msd.utah.gov>