



# 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.



**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](mailto:mahoward@msd.utah.gov)