



REQUEST FOR RECORDS
(GRAMA REQUEST)

**WEST POINT CITY
RECORDER'S OFFICE:**
3200 West 300 North
West Point City, UT 84015
801-776-0970
carnold@westpointcity.org

Requestors Name: _____ **E-mail Address:** _____

Address: _____

City: _____, **State:** _____ **Zip:** _____

Daytime Telephone Number: _____

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

In order for us to better fulfill your request, please explain reason for requesting records:

If the requested records are not public, please explain why you believe you are entitled to access:

Please indicate one of the following:

_____ **I would like to INSPECT (view) the records.**

_____ **I would like to receive a PAPER copy of requested records**

*I understand that I may be responsible for fees (\$20 per hour after the first quarter hour + copy or reproduction charges of \$10/page) associated with compiling, formatting, copying charges, etc. as permitted by UCA 63G-2-203.

_____ **I would like to receive an ELECTRONIC copy of requested records**

*I understand that I may be responsible for fees (\$20 per hour after the first quarter hour) associated with the compiling, formatting, etc. of the records as permitted by UCA 63G-2-203.

Pursuant to UCA Section 63-2-101:

Record Request form must be filled out and returned before the record request can be processed.

Pursuant to UCA Section 63G-2-204:

The City shall respond to a written request for a public record within 10 business days after request is received. Expedited requests will be responded to within 5 business days if requester demonstrates that their record request benefits the public rather than the requestor.

OFFICE USE ONLY

Date request received: _____

- Request approved
- Request denied (UCA 63G-2-205)

Date records provided: _____

Date informed of denial: _____

City Recorder's Signature: _____