

PROVO CITY REQUEST FOR RECORDS FORM
(per GRAMA)

Name: _____ Phone #: _____

Address: _____

City Department / Agency: _____

Description of requested records and reason for request (records must be described with reasonable specificity): _____

_____ I would like to inspect the records

_____ I would like to receive copies of the records. I understand I will be responsible for copy costs. I authorize costs of up to \$ _____.

If applicable, check one of the following and attach necessary documentation:

_____ 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

_____ Other (please explain): _____

_____ I request an expedited response. (Please attach necessary documentation and other necessary information)

Signature Date: _____

Received in Records by: Date: _____