CFS/CASE # _____

PROVO CITY REQUEST FOR RECORDS FORM
(Per GRAMA)

Name: _____ Phone # _____

Address: _____

Person(s) authorized to pick up request: _____

_____

Short description of requested records and reason for request: _____

_____

_____

Check the following that apply and attach or present necessary documentation (i.e., Third Party Release, copy of Driver License and Social Security Card)

_____ 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 (documentation necessary).

_____ Other (please explain): _____

_____

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

_____ I request a waiver of copy costs for the following reason(s):

_____

_____ Date: _____
Signature

_____ Date: _____
Received in Records by

Note: Allow 10 working days for completion of request, unless notified otherwise.

FOR OFFICE USE ONLY

Done By: _____

Notified: _____

Date: _____

Fee: _____

****

Dispo: _____

Assigned: _____

PJC DC Case #: _____

Notes: