

# GRAMA REQUEST FOR RECORDS



TO: WASATCH PEAK ACADEMY  
414 N. CUTLER DR. NORTH SALT LAKE, UT 84054

Description of records sought (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 that I will be responsible for copy costs up to \$\_\_\_\_\_. I further understand that the agency will contact me if estimated costs are greater than the amount I have specified, and that the agency will not respond to a request for copies if I have not authorized adequate costs.

\_\_\_\_\_ I would like to receive copies of the records. I request a waiver of copy costs. (Please attach information supporting your request; see U.C.A. 63-2-203(3) for a list of situations under which an agency is encouraged to provide copies without charge.)

If the requested information is private or protected, check one of the following and attached 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. Explain: \_\_\_\_\_ My name is: \_\_\_\_\_

My address is: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

My daytime telephone number is: \_\_\_\_\_

I am requesting an expedited response. (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrated that you are entitled to expedited response under U.C.A. 63-2-204 (3).)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*The response to a request may be delayed if it is not directed properly. To find out where to direct a request, consult the Agency's rules, or telephone the Agency or State Archives. The telephone number for State Archives is (801) 531-3848.

**FOR OFFICE USE ONLY**

Date request received: \_\_\_\_\_ Initial time limit for response: \_\_\_\_\_ 5 days  
\_\_\_\_\_ 10 days

Classification: \_\_\_\_\_ Private \_\_\_\_\_ Controlled  
\_\_\_\_\_ Protected \_\_\_\_\_ Public  
\_\_\_\_\_ Access is governed by a law other than GRAMA  
\_\_\_\_\_ Requested document is not a "record under GRAMA"

Is access authorized? (Complete this section if records are private, controlled or protected.)

Private \_\_\_\_\_ Requester is the subject of the records  
\_\_\_\_\_ Requester is other person authorized by U.C.A. 63-202(1) and  
has supplied required documentation.  
\_\_\_\_\_ Requester is not authorized to have access.

Controlled \_\_\_\_\_ Requester is a physician, psychologist, or certified social worker,  
has supplied a notarized release dated no more than 90 days prior to  
this request, and has signed a acknowledgment about non-disclosure.  
U.C.A. 63-2-202

Protected \_\_\_\_\_ Requester is person who submitted records.  
\_\_\_\_\_ Requester is other person authorized by U.C.A. 63-2-202(4) and  
has supplied required documentation.  
\_\_\_\_\_ Requester is not entitled to access.

How was identification verified? (i.e. driver license, picture identification)

\_\_\_\_\_

Response to request: (See U.C.A. 63-2-204)

Approved, requester notified on \_\_\_\_\_, 20 \_\_\_\_\_ .

Denied - written denial sent on \_\_\_\_\_, 20 \_\_\_\_\_ .

Requester notified agency does not maintain record, and, if known, was also notified  
of name and address of agency that does maintain record on \_\_\_\_\_, 20 \_\_\_\_\_ .

Extension of time claimed for extraordinary circumstances. Required notice sent  
\_\_\_\_\_, 20 \_\_\_\_\_. See U.C.A. 63-2-204 (3)(iv)

Copy fees:

Amount \$ \_\_\_\_\_

\_\_\_\_\_  
Signature