

RECORDS REQUEST FORM

Records Requests may be submitted to the SMSSD by mailing or emailing this completed Request Form to:

Skyline Special Service District Attn: GRAMA OFFICER 2201 SMR Fairview, Utah 84629

Email: smssd2013@gmail.com

Note: The Government Records Access and Management Act, ("GRAMA") TITLE 63G CHAPTER 2 OF THE UTAH CODE (the "Act") controls the access of government records. Section 204 of the Act 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.

NAME:______ DATE______ ADDRESS:_____

CITY/STATE/ZIP:_____

DAYTIME TELEPHONE NUMBER:

Note: The more specific and narrow the request, the easier it will be for an agency or office to respond to the request. If you are unsure about the records' description, contact the agency or office records officer.

RECORDS REQUESTED

Description of records requested: (including type, event, location, persons involved, date range, and subject of the request.)

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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 for the desired response	
I would like to:	
View or inspect the records at the SMSD office only Receive a paper (electronic) copy of the records. I understand a reasonable fee will be charged as provided in the Act. Please notify me if amount will exceed \$	
Receive a copy of the records and request a fee waiver, according to Section 203 of the Act, 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.	
I understand that as soon as reasonably possible, but not later than ten (10) business days after submitting thi request I will be notified whether my request was approved or denied.	s
SIGNATURE OF REQUESTER:	
FOR SMSD USE ONLY- DO NOT WRITE IN THIS AREA	
o Approved by: Date:	
o Denied by: Date:	
Reason for denial:	