COTTONWOOD HEIGHTS REQUEST FOR RECORDS

REQUESTERS INFORMATION

Name: ____________________________________________________________________________
Street: ________________________________________ City, State, Zip: ____________________________
Work Number: ____________________________ Home Number: __________________________________
Email: _____________________________________________________________________ ____________

RECORD/PROPERTY INFORMATION

Address of Property: ______________________________________ ________________________________
 Parcel Number: __________________________________________________________________________
 Time Frame (give beginning/ending years for search): _______________________________________
 Description of Records Sought: Specify what you are looking for (e.g. business license, building permits, certificate of
 occupancy, property violations.) If additional room is needed, please submit a separate sheet.

______________________________________________________________________________________________
______________________________________________________________________________________________

DETERMINATION OF RECORDS

☐ I would like to inspect the records (this entails reviewing the record within the office without receiving a copy to
 take with you and takes the same time, as indicated below, to be available).

☐ I would like to receive a copy of the records. I understand that I will be responsible for the research costs. For
cost breakdown please refer to the fee schedule found on the back of this page.

☐ I would like to receive a copy of the records through email. I understand that I will be responsible for research
costs.

☐ I would like to receive a copy of the records and request a waiver of costs because (please attach information
 supporting your request for a waiver of fees):

☐ Release of the records primarily benefits the public rather than me Explain:

☐ My legal rights are directly affected by the record and I am impecunious

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

☐ I am the subject of the record (or guardian/parent if subject is a minor or legally incapacitated)

☐ 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 (attach relevant documentation).

☐ Other. Explain __________________________________________________

☐ I am requesting expedited response. Please attach relevant documentation (e.g. proof of your status as a
 member of the media and statement that the record is needed for a story/broadcast).

Signature: ____________________________ _____ Date: ____________________________

Date Received by Staff: ____________________________ Date: ____________________________

2277 East Bengal Blvd., Cottonwood Heights, UT 84121          City Offices: 801-944-7000          Fax: 801-944-7005
FOR CITY USE ONLY

File Number: __________________________ Researcher: ________________________________________________

Total Research Time: ___________________

Date of Notification: ____________________ Mail [ ] Email [ ] Telephone [ ] Left message yes ( ) no ( )

Date Files Delivered: ___________________ Mail [ ] Email [ ] Fax [ ] Pick-up [ ] By: _____________________

Total Fees Due: _______________________ Receipt Number: _____________________________________

RESPONSE TO REQUEST

____ Approved
____ Record not maintained by agency; notify requester of correct agency (if known)
____ Notified of extension of time due to extraordinary circumstances
____ Denied (§63-2-205). Reason(s) for denial re as follows:
   ____ Access governed by law other than GRAMA or not a "record" (§63-2-201(3)(b))
   ____ Requester is not allowed access pursuant to above record classifications
   ____ Other: _____________________________________________________________

FEE BREAKDOWN

Total Fees Due: $___________________

Research Fees: Time ________________ @ $_____________ = $________________

In-House Copy Fees: 8X11/11X14 _______________@ .25 = ___________________

Other Duplications & Copy Fees, explanation: _________________________________________________________
_________________________________________________________________________________________________

Request To Waive Fees, reason: _____________________________________________________________________
_________________________________________________________________________________________________

Fees waived    YES [    ]    NO [    ]

<table>
<thead>
<tr>
<th>STAFF NOTES</th>
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</thead>
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<table>
<thead>
<tr>
<th>GRAMA Fee Schedule</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Inspecting a record</td>
<td>No charge</td>
</tr>
<tr>
<td>8.5” x 11” B&amp;W page of copy or image</td>
<td>$.25 per page</td>
</tr>
<tr>
<td>8.5” x 11” color copy or image</td>
<td>$.40 per page</td>
</tr>
<tr>
<td>11” x 14” B&amp;W page of copy or image</td>
<td>$.25 per page</td>
</tr>
<tr>
<td>11” x 14” color copy or image</td>
<td>$.40 per page</td>
</tr>
<tr>
<td>Faxing documents within U.S., including telephone charges</td>
<td>$1.00 per page</td>
</tr>
<tr>
<td>If research or preparation of information is required exceeding 15 min. of time.</td>
<td>Staff hourly rate</td>
</tr>
<tr>
<td>Per CD or DVD, plus staff time to run copy and or scan the records to electronic format.</td>
<td>$10.00</td>
</tr>
<tr>
<td>Oversized copy and or graphics</td>
<td>Actual cost of reproduction plus staff time</td>
</tr>
<tr>
<td>Mailing costs; Supplies</td>
<td>$2.00 for staff mail preparation time, plus actual mailing costs. Other media/supplies will be billed at actual cost.</td>
</tr>
<tr>
<td>Per each certification of a record.</td>
<td>$2.00</td>
</tr>
<tr>
<td>Other services (e.g., fees for third party services).</td>
<td>Actual cost.</td>
</tr>
</tbody>
</table>

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