



# 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).

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- 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

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- 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 \_\_\_\_\_

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- 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: \_\_\_\_\_

## 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 [ ]

#### STAFF NOTES

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