



**TOWN VIRGIN**  
 114 S. Mill Street  
 PO Box 790008  
 Virgin, UT 84779  
 (435) 635-4695, fax 635-0265

<b>TOWN USE ONLY</b>	
Date Received: _____	Staff Initials: _____
Due Date: _____	Date Completed: _____
Fees Due: _____ (fee break down attached)	

## GRAMA REQUEST APPLICATION

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Description of records sought:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that I may be responsible for the costs to provide the records as permitted by UCA 63-2-203. I authorize the cost up to \$\_\_\_\_\_. I further understand that I will be contacted if the estimate costs are greater than the amount I have specified, and that the Town of Virgin will not respond to a request for copies for which I have not authorized adequate costs. Per the Town Fee Schedule.

\_\_\_\_\_ 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 required by UCA 63-2-202.

\_\_\_\_\_ Other – please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: Copies of the information being requested will be provided as soon as reasonably possible, but no later than ten (10) business days after receiving this written request.

NOTE: The request may be delayed if all the information is not provided in the request.

NOTE: The rate for compiling, formatting, summarizing, etc., is based on the Town Fee Schedule.

I am expecting expedited response as permitted by UCA 63-2-204 (3)(b):

**Please attach the information that shows your status as a member of the media and a statement that demonstrates that you are entitled to an expedited response.**

UCA 63-2-203(4) allows agencies to fulfill a records request free of charge if releasing the records primarily benefits the public rather than the person.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Documents Received by Applicant:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Town Staff:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

