



SL Valley Emergency Communications Center

GRAMA Request for Records

5360 S. Ridge Village Dr. West Valley City, UT 84118

Records: 801-840-4011 | Admin: 801-840-4100 | Fax: 801-840-4040

Requestor Name: _____ Date: _____

Requestor Address: _____

Contact Phone #: _____ Contact Email: _____

DESCRIPTION OF RECORDS SOUGHT (records must be described with reasonable specificity):

- I would like to inspect the record.
- I would like to receive a copy of the record. I understand there will be fees for these records that I will be responsible to pay.
- I would like to receive a copy of the record and request a waiver of costs because: (Please attach information supporting your request for waiver of fees.)
 - Release of the records primarily benefits the public rather than me.
 - I am the subject of the record.
 - I am the authorized representative of the subject of the record.
 - My legal rights are directly affected by the records, 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.
- 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. (Please attach documentation required by U.C.A 63-2-204(3).)
- Other, Explain: _____
- I am requesting 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 or a broadcast publication; or please attach other information that demonstrates that you are entitled to expedited response under U.C.A 63-2-204(3).)

**REQUESTOR MUST INCLUDE A VALID COPY OF PHOTO ID AND/OR ID OF COUNCIL
WHEN SUBMITTING THIS FORM (Utah Code 63G-2-202)**

Email completed form to Records@Vecc911.com