

# GRAMA REQUEST FOR RECORDS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Description of records sought (records must be described with reasonable specificity):

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\_\_\_\_\_ I would like to inspect the records

\_\_\_\_\_ I would like to receive a copy of the records. I understand that I will be responsible for copy costs.  
I authorize costs of up to \$\_\_\_\_\_.

\_\_\_\_\_ I would like to receive a copy of the records and request a waiver of copy costs because:

\_\_\_\_\_ I am the subject of the record

\_\_\_\_\_ I am the authorized representative of the subject of the record.

If 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

\_\_\_\_\_ Other. Explain: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## OFFICE USE ONLY

Date request received \_\_\_\_\_

Copy/Research Fee \_\_\_\_\_

Date record released \_\_\_\_\_

Released by \_\_\_\_\_