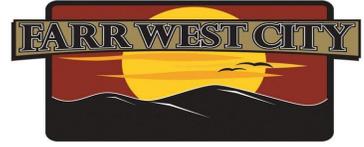


Date Received/Initials \_\_\_\_\_

Time Received \_\_\_\_\_



1896 North 1800 West

Farr West, UT 84404

Phone – (801)731-4187

Fax – (801) 731-7732

# GRAMA REQUEST FORM

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**REQUEST** (records must be described with reasonable specificity): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand Farr West City charges a fee for copies of records (please see fee schedule below) and that copies will be provided within a reasonable amount of time (no later than 10 business days after receiving the request) subject to fees being paid. Records requiring extensive research and copies will require additional time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FEE SCHEDULE

TYPE OF DOCUMENT	FEE
Each copy of a public record	\$0.20 per page
Certified Copies	\$5.00 per page certified, or as established by state law
Hourly staff time	\$10.00 per hour

*Farr West City, after the first quarter hour of staff time, may charge an hourly charge not exceeding \$10.00 an hour in increments of 15 minutes.*

**OFFICE USE ONLY:**

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ \$5.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

# of pages copied: \_\_\_\_\_ Format: \_\_\_\_\_ \$0.20 x \_\_\_\_\_ = \$ \_\_\_\_\_

Date notified \_\_\_\_\_ Date sent: \_\_\_\_\_ \$10 x \_\_\_\_\_ = \$ \_\_\_\_\_

File saved as: \_\_\_\_\_ Total \$ \_\_\_\_\_