

TOWN USE ONLY	
Date Received:	Staff Initials:
Due Date:	Date Completed:
Fees Due:	(fee break down Below)

GRAMA REQUEST APPLICATION

ADDRESS:	City/State/Zip:	
	PHONE:	
Description of records sought:		
I authorize the cost up to \$ I greater than the amount I have specified, for which I have not authorized adequate	the costs to provide the records as permitted by UCA 63-2-203. further understand that I will be contacted if the estimate costs are and that the Town of Virgin will not respond to a request for copies costs. Per the Town Fee Schedule.	
information. Documentation required by L	the subject of the record or by the person who submitted the	
than ten (10) business days after receivin NOTE: The request may be delayed if all	quested will be provided as soon as reasonably possible, but no late g this written request. he information is not provided in the request. summarizing, etc., is based on the Town Fee Schedule.	
l am expecting expedited response as pe Please attach the information that show demonstrates that you are entitled to a	vs your status as a member of the media and a statement that	
10 days to fill the requests. 3) The person the request for government records. (i.e. E	nde in writing. 2) Once the requests are reviewed, the Town Office has naking the written request must pay for all expenses associated with mployee's time for research, supplies to grant request, travel expense hour after that, fee will be the hourly wage of lowest paid employee	
UCA 63-2-203(4) allows agencies to fulfill benefits the public rather than the person	records request free of charge if releasing the records primarily	
APPLICANT SIGNATURE:	DATE:	
Documents Received by Applicant:	DATE:	
Town Staff:	DATE:	