

## Risk Management PO Box 30808 RISK Salt Lake City, UT 84130-0808

## **GRAMA Request for Records**

Descrip	ition of records s	ought (records must be described with reasonable specificity):
	I would like to in	nspect the records.
	of up to \$ amount I have	eceive copies of the records. I understand that I will be responsible for actual costs. I authorize costs I further understand that SLCC will contact me if estimated costs are greater than the specified, and that SLCC will not respond to a request for copies if I have not authorized adequate tent required if costs exceed \$50.00.
		eceive copies of the records. I request a waiver of copy costs. (Please attach information supporting the U.C.A. 63G-2-203(3) for a list of situations under which an agency is encouraged to provide copies.
If applic		of the following. Be prepared to show a pictured ID and attach necessary documentation. (Notarized
	I am the subject	of the record (written, notarized authorization attached).
	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.
	Other:	
Name Addre		
City, S	state, Zip Code:	
•	hone Number:	
Cell Phone Number: E-Mail Address:		
	and a statement	an expedited response. (Please attach information that shows your status as a member of the that the records are required for a story for broadcast or publication; or please attach other strates that you are entitled to expedited response under U.C.A. 63G-2-204(3)).
Signat	ture	

NOTE: The response to a request may be delayed if it is not directed properly. Please direct all requests to the address listed above. If you have any questions about the Government Records and Access Management Act, please contact the Risk Management Office at riskmanagement@slcc.edu.

August 4, 2022 Page 1