

**Request for a Record  
Utah Government Records Access and Management Act**

To: Records Management Officer  
North Logan City  
2076 N 1200 E  
North Logan, Utah 84341

Person making request:

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

\*\* Mailing Address: \_\_\_\_\_

\*\* Day-Time Telephone Number: \_\_\_\_\_

\*\* I desire \_\_\_\_ access to or \_\_\_\_\_ copies of the following records  
(describe with reasonable specificity, attach additional sheet if necessary):

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

\_\_\_\_\_ see additional sheet(s) attached.

This request is submitted under the authority of Section 63-2-101 et. seq., Utah Code, (GRAMA).

If applicable, check one of the following and attach necessary documentation.

\_\_\_\_\_ 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.

\_\_\_\_\_ I believe this request should be handled as an expedited (five day) request under Section 63-2-204(3), because, for the reasons outlined in the attached explanation, expedited response to this request benefits the public rather than the person making the request (if applicable, describe the reasons the public will benefit from early response to this request and attach that summary to this request. Without this provision the request will be handled as soon as reasonably possible, but can take up to ten business days to be granted).

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

\*\* In conformance with North Logan City's policy adopted by the City Council, I agree to pay a reasonable fee to cover 1) the actual cost of duplicating a record (\$0.10 per page) if copies are requested and 2) reasonable costs for researching records if applicable. I agree to pay an amount not to exceed \$ \_\_\_\_\_. I understand that there is no charge for examining a record. I further understand that the agency will contact me if estimated costs are greater than the amount I have specified and that the agency will not respond to a request for copies and/or research if I have not authorized adequate costs.

\*\* Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor