



Farmington City

Records Request

Requester's Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Telephone: _____

In accordance with the Government Records Access Management Act (GRAMA), and the Farmington City Government Records Access and Management Ordinance, I am requesting to: view copy the following records(s) specifically described which I believe are collected and filled by Farmington City.

(if additional space is needed, please attach a separate sheet.)

If requested records are not public, explain why you believe you are entitled to access such records, and provide all required documents in support of such access, including proof of your identity:

I am the subject of the record or the legal guardian of the subject of the record.

I have a power of attorney from the subject of the record.

I have a notarized release from the subject of the record as required by law.

I am the person who submitted the record.

I am the health care provider and the record is a medical record.

Other (explain) _____

If I have asked to have records copied, I agree to pay a reasonable fee to cover the City's actual costs of duplicating the records, or compiling the records in a form other than that maintained by the City. I authorize costs up to \$_____. I further understand that the City will contact me at the above-referenced number and address if estimated costs are greater than the amount I have specified and that the City will not copy or compile the documents if I have not agreed to pay the costs.

I request a waiver of the above fees as provided by Section 3-4-110 of the Farmington City Municipal Code for the following reasons:

Date

Signature