

**MAPLETON CITY CORPORATION**  
**125 West Community Center Way, Mapleton, UT 84664**  
**(801) 489-5655**  
**GRAMMA REQUEST FOR RECORDS**

To:

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**(Name of person and/or office holding records)**

Description of records sought (records must be described with reasonable specificity):

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Please check all that apply:

- I would like to inspect the records.
- I am the subject of the record.
- I am the person who provided the information.
- I am authorized by a "Power of Attorney" or a notarized release to have access by the subject of the record or by the person who submitted the information.
- I have a subpoena or court order requesting the record.
- Other. Explain

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Name \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

Date and Time \_\_\_\_\_

In requesting this record, I understand and agree to the following: I will pay costs associated with the provision of the record (copies per page = .25, certified copies per page = \$5.00, compilation time per hour = \$35.00; a maximum of ten (10) working days for Mapleton City to compile the records or (five (5) days if I show that such expedition will benefit the public more than my person) ; I will recognize that this completed "Records Request Form" is a Public Document.

Signature \_\_\_\_\_ Total Fee Due\$ \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Record Classification	Record Status
Public Records (UCA 63-2-301) [ ]	Approved. Available on _____
Private Records (UCA 63-2-302) [ ]	Denied. Citation _____
Protected Records (UCA 63-2-303) [ ]	Request for Extraordinary Circumstances (UCA 63-2-204-4A-H)

Records Provided By: \_\_\_\_\_  
Signature

Records Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Drivers License No. or ID Card: \_\_\_\_\_