

Print this form and bring with you to the City Office or pick a form up at the City Office. If you have questions contact Patricia @ 731-4519 regarding Planning Department Issues and/or Janet @ 731-4519 regarding City Council Issues

**CITY OF WEST HAVEN**

4150 South 3900 West  
WEST HAVEN, UT 84401  
PHONE: 731-4519  
FAX: 731-1002

**RECORDS REQUEST FORM**

IT IS THE POLICY OF THE CITY OF WEST HAVEN TO FULFILL YOUR REQUEST, AS REQUIRED BY GRAMA, WITHIN 10 WORKING DAYS UNLESS REASON FOR DELAY IS CITED.

FOR INFORMATION COMPLETE THE FOLLOWING:

DATE OF REQUEST: \_\_\_\_\_

REQUESTER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

IF RECORDS ARE FILED BY SOCIAL SECURITY NUMBER, PROVIDE THAT NUMBER:

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

IN ACCORDANCE WITH THE GRAMA, I AM REQUESTING THE FOLLOWING RECORDS: (Specifically Describe)

WHICH I BELIEVE ARE COLLECTED, FILED, AND/OR USED BY THE FOLLOWING:

\_\_\_\_\_  
(Name of Agency)

\_\_\_\_\_  
( Agency Address)

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RECORDS REQUEST**

**REASON YOU ARE REQUESTING DESCRIBED RECORDS:**

\_\_\_\_\_

**SIGNATURE OR REQUESTER:** \_\_\_\_\_

**RECORD OF PREPARATION AND COST**

**DATE PREPARED:** \_\_\_\_\_

**PREPARED BY:** \_\_\_\_\_

**PREPARATION TIME:** \_\_\_\_\_

**PREPARATION COST:** \_\_\_\_\_

**NUMBER OF PAGES:** \_\_\_\_\_

**COST PER COPY:** \_\_\_\_\_

**TOTAL COST:    PREPARATION TIME: \$** \_\_\_\_\_

**COPYING COST:        \$** \_\_\_\_\_

**TOTAL AMOUNT DUE:        \$** \_\_\_\_\_

**DATE RECORDS WERE RECEIVED BY REQUESTER:** \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF RECEIVER)

**PAID AMOUNT: \$** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF RECORDER OR DEPUTY**