



**UTAH DEPARTMENT OF HEALTH  
DIVISION OF FAMILY HEALTH & PREPAREDNESS  
BUREAU OF HEALTH FACILITY LICENSING AND CERTIFICATION**

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UTAH DEPARTMENT OF  
**HEALTH**

## GRAMA REQUEST FOR RECORDS

To:   
(Name of person and/or government office holding records)

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

I would like to:

- Inspect the Records       Receive Copies       Request a Waiver of Copy Costs

I understand that I will be responsible of copy costs. Please attach information supporting your request; see U.C.A. 63G-2-203(4) for a list of situations under which an agency is encouraged to provide copies without charge.

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

Other (specify)

### REQUESTOR INFORMATION

Name  Phone Number

Address  City  State  Zip Code

Email Address

I am requesting expedited response. (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrates that you are entitled to expedite response under U.C.A. 63G-2-204(3).)

Signature  Date

\*The response to a request may be delayed if it is not directed properly. To find out where to direct a request, consult the agency's rule, or telephone the agency or State Archives. The telephone number for State Archives is (801) 538-3012.