



SALT LAKE CITY
INTERNATIONAL AIRPORT

GRAMA –Records Request Form

Salt Lake City Department of Airports
Attn: GRAMA Coordinator
776 N. Terminal Dr.
P.O. Box 145550
Salt Lake City, UT 84114-5550
Phone: (801) 575-2926 Fax: (801) 575-2041

DESCRIPTION of records requested: (Be as specific as possible, i.e., type of records, dates, etc.)

_____ I would like to inspect the records.

_____ I would like to receive a copy of the records. I understand that I will be responsible for copy costs. I authorize costs up to \$_____.

_____ I would like to receive a copy of the records and request a waiver of fees pursuant to U.C.A. § 63G-2-203(4). Please explain your circumstances:

If the requested records are not public, please explain why you believe you are entitled to access:

_____ I am the subject of the record. (Photo ID required)

_____ I am the person who provided the information. (Photo ID required)

_____ I am authorized to have access by the subject of the record or by the person who submitted the information. (Please complete Subject of the Record Release Form)

_____ Other. Please explain:_____

Name of requester:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Daytime phone number:_____ Email:_____

Signature:_____ Date:_____