



UTAH DEPARTMENT OF
HEALTH

Grama Request for Records
Utah Department of Health, Child Care Licensing Program* (1/14)

I am requesting the following records (Please describe the records with reasonable specificity):

I would like to inspect the records.

I would like to receive copies of the records. I understand that I will be responsible for copy costs. I authorize costs of up to \$_____. I further understand that I will be contacted if the estimated costs are greater than the amount I authorized and will not receive copies if I do not authorize adequate costs.

I would like to receive copies of the records. I request a waiver of copy costs. Attach information supporting your request for a waiver of copy costs. (See U.C.A. 63-2-203(3) for a list of situations under which an agency is encouraged to provide copies without a 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. Please explain:_____

My name is:_____

My address is: _____

City, State, Zip: _____

My daytime phone number is: _____

I am requesting an 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 attach other information that demonstrates you are entitled to an expedited response under U.C.A 63-2-204(3).

Signature _____ Date _____

Please submit the completed form to:
Utah Department of Health, Child Care Licensing Program
PO Box 142003
Salt Lake City, UT 84114-2003

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