



UTAH BOARD OF PARDONS AND PAROLE

448 E Winchester Suite 300, Murray, Utah 84107

GRAMA RECORDS REQUEST FORM

Please complete this entire form and provide all information as requested and submit to the address above. Incomplete or unsigned requests will not be considered. Only one record or record series may be requested per form.

SECTION 1 – REQUESTOR INFORMATION

NAME: _____ OFFENDER #: _____

ADDRESS: _____

PHONE #: _____ E-mail Address: _____ DATE OF REQUEST: _____

SECTION 2 – RECORDS REQUEST

1. Pursuant to the Utah Government Records Access and Management Act (GRAMA), I am requesting a copy of the following record:

2. Please indicate the agency, facility or program that you believe created the record or submitted the record to the Board of Pardons and Parole (BOPP):

3. Approximate month and year you believe the requested record was received or maintained by BOPP:

4. In order for BOPP to quickly locate the requested record, please indicate, with as much detail as possible, the type or nature of the information contained in the record you are requesting:

SECTION 3 – REQUESTOR’S LEGAL AUTHORITY TO RECEIVE RECORD *(Mark all that apply)*

- 1. I am requesting a record that I believe is a **Public** record.
- 2. I am requesting a record that I believe is a **Private** record, **and** I am the **subject** of the requested record or an individual specified in Utah Code Ann. §63G-2-202(1) or (2).
- 3. I am requesting a record which I provided to BOPP.
- 4. I have an order from a court of competent jurisdiction which authorizes release of the record. (Note: A copy of the Order must accompany the GRAMA request).

SECTION 4 – FEE WAIVER

I hereby request that copies of these records be provided without charge based upon Utah Code Ann. §63G-2-203(4)(c). (Mark all that apply. Explain how you meet the criteria and **attach documentation** as needed to support your claim.)

- 1. Releasing the record primarily benefits the public rather than a person;
- 2. I am the subject of the record, or an individual specified in Subsection 63G-2-202(1) or (2);
- 3. My legal rights are directly implicated by the information in the record, and I am impecunious.

SECTION 5 – COSTS & CERTIFICATION

I understand that there may be a fee for researching and/or copying records. I may be responsible to pay these costs prior to BOPP making copies. However the fee may be waived if my indigent status is approved by BOPP (see section 4 above). If there is a fee BOPP will notify me.

- 1. I certify that all information provided in this document is true and correct.

(Requestor’s Signature)

(Case Manager’s Signature)

Dated: _____

**** [All inmate requests must be signed by the Inmate’s Case Manager.]****

- 2. I hereby authorize BOPP to release the above requested record to the person identified below at the address indicated:

(Name of Designated Recipient)

(Street Address)

(City, State, Zip Code)

- 3. For records requests directing that offender records be released to persons other than the offender, the offender’s signature as required above must be notarized.

County of _____, State of Utah. Subscribed and sworn to before me, this _____ day of _____, 20____.

NOTARY PUBLIC
Residing at: _____
Commission Expires: _____

{Affix Notary Stamp/Seal Here}

BOPP USE ONLY-Revised 4/13/2016

Date Request Received: _____ **By:** _____

Date Record Released: _____ **By:** _____

Date Request Denied: _____ **By:** _____

Copying fee: \$ _____ **Waived (Y / N) Reason:** _____