

TOOELE COUNTY HEALTH DEPARTMENT



151 North Main Street
Tooele, Utah 84074
Phone: (435) 277-2440
Fax: (435) 277-2444

ENVIRONMENTAL RECORD SEARCH

Name of Person Requesting: _____

Address of Person Requesting: _____

Telephone Number: _____

Fax Number: _____ E-Mail Address: _____

Please supply the following information:

- 1) Address of property
- 2) Plat map or aerial photograph of property
- 3) Any specific information you may be looking for:

Fee: \$25.00*

*If record search requires more than one hour of research or an extensive amount of copies an additional fee will be assessed.

GRAMA
(Government Records Access and Management Act)
63-2-101 et seq., Utah Code
REQUEST FOR RECORDS

NAME _____

ADDRESS _____

STATUS (Relationship to record requested) _____

I DESIRE: _____ ACCESS _____ COPIES

DESCRIPTION OF RECORD _____

_____ I believe this request should be handled as an expedited (five day) request under Section 63-2-204(3), because, for the reasons outlined in the attached explanation, expedited response to this request benefits the public rather than the person making the request (Without this provision the request will be handled as soon as reasonably possible, but can take up to ten business days to be granted).

I agree to pay a reasonable fee to cover the actual cost of duplicating a record if copies are requested, not to exceed \$ _____, in conformance with Tooele County's policy as determined by ordinance or adopted written formal policy. I understand that there is no charge for inspecting a record.

SIGNATURE: _____ DAYTIME TELEPHONE: _____

FOR DEPARTMENT USE ONLY:

DEPARTMENT: _____

Date filed: _____

Time filed: _____

RECORD CLASSIFICATION: (cite the applicable code section)

Public: _____

Controlled: _____

DUPLICATION FEE \$ _____

Private: _____

Protected: _____

COMPILATION FEE \$ _____

ACCESS GRANTED _____

DENIED _____

DATE RESPONSE WAS COMPLETED _____

(If more than 10 business days, justify extension per 63-3-204(4) and give estimate to Requester)

DEPARTMENT RECORDS OFFICER: _____

SIGNATURE

DATE