| UNIFIED | UNIFIED FIRE AUTHORITY GRAMA-Records Access For | rm | | | | |
|---|---|--------|------|--|--|--|
| | Compliance/Records 3380 South 900 West Salt Lake City, Utah 84119 (801)743-7285 or (801)743-7210 FAX (801)743-5398 | | | | | |
| Request Date: | | | | | | |
| Requester's Name: | Daytime Telephone Number: | | | | | |
| Company: | | | | | | |
| Mailing Address: | City: | State: | Zip: | | | |
| It may take up to ten working days to fulfill your request. | | | | | | |

You will be notified when the records are available for pick-up.

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

| Address of (if appli | | | | | |
|-------------------------|--|-----------------------------|--|--|--|
| Date of Incident: | | Time: | UFA Case No. (if applicable) | | |
| If represen | iting an insurance company, j | please answer the following | i: | | |
| Insurance | Company: | | | | |
| Claim No: | | Policy No: | | | |
| I would lik | ke to: | | | | |
| | View or inspect the record only | | | | |
| | I would like to receive copies of the record. I understand that Unified Fire Authority charges a fee for copies of records as permitted by UCA 63G-2-203. I understand copies of the records will be provided subject to fees being paid. I authorize costs of up to \$ If costs are greater than the amount I specified, I understand the office will contact me to get my authorization before processing the request. | | | | |
| | Receive a copy of the records and request a fee waiver. According to Utah code 63G-2-203; Releasing the record primarily benefits the public | | | | |
| | I am the subject or authorized representative of the records | | | | |
| | My legal rights are directly implicated by the information of the records because, and I am impecunious | | | | |
| | Receive an expedited responsion for a story or re | • | ng the record benefits the public; I request the dcast to the general public | | |

To Submit Form:Email: <u>Records@unifiedfire.org</u>Mail: 3380 S 900 W., SLC, UT, 84119 Attn: Records

This form is not to be used for the request of medical records; please use the Patient Authorization to Access Form