

**UTAH DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF ENVIRONMENTAL RESPONSE AND REMEDIATION
REQUEST FOR PUBLIC INFORMATION**

In making a request to review files, please call (801) 536-4100, fax (801) 359-8853, or mail the GRAMA Coordinator at: P.O. Box 144840 (195 North 1950 West) Salt Lake City, Utah 84114-4840. You will be notified when your files are ready to be reviewed. For additional information, please visit our website at www.deq.utah.gov.

SIGNATURE IS REQUIRED, ON THE REVERSE SIDE, BEFORE REQUEST CAN BE COMPLETED

Requestor's Name _____ Person Reviewing Files _____

Company Name _____

Address _____
City State Zip Code

Telephone Number _____ Fax Number _____

E-mail _____ Today's Date _____

In accordance with the Government Records Access Management Act (GRAMA), I am requesting to view the following public records(s) (Specifically describe):

| Facility ID# | UST – Underground Storage Tank LUST – Leaking Underground Storage Tank CERCLA – Superfund ER – Emergency Response CRTK – Community Right-To-Know | Agency Use Only | | | Site Name/Address | Agency Use Only |
|--------------|--|--------------------------------|--------|--------------------------|-------------------|-------------------------------|
| | File Type (Circle One) | Open Proj. Mgr. Initials | Closed | (Pull) Initial & v | | (Return) Initial & Date |
| | UST LUST CERCLA ER CRTK | | Closed | | | |
| | UST LUST CERCLA ER CRTK | | Closed | | | |
| | UST LUST CERCLA ER CRTK | | Closed | | | |
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| | UST LUST CERCLA ER CRTK | | Closed | | | |
| | UST LUST CERCLA ER CRTK | | Closed | | | |

REVIEWER MUST COMPLETE THIS INFORMATION AT THE TIME OF VIEWING

| Date | Reviewer's Name | Time-In | Time-Out | File Review Completed v Yes or v No | |
|------|-----------------|---------|----------|--|-----------------------------|
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(CONTINUED ON REVERSE SIDE)

COPY FEES AND POLICIES

- The cost of copies made by the requester/reviewer at the Division Review area is 5¢ per side copied.
- The copies made by a DEQ employee is 25¢ per side copied. (The first 10 copies are free).
- The requestor/reviewer may be required to pay a deposit on estimated fees before beginning to process a copy request, if copy fees are expected to exceed \$50.00.

I understand the above copying costs. If I desire that copies be produced, I am prepared to pay such costs. Cash or check will be accepted, exact change is required. We are unable to accept Credit Cards or Debit Cards.

Signature _____ Date _____

REQUESTING RECORDS AND TIME FRAMES

A person wanting access to a record must give the Division a written request containing his/her name, mailing address, daytime telephone number (if available), and a description of the record requested that identifies the record with reasonable specificity.

When the Division receives a written request for a record, the Division will respond to that request within **ten (10) business days**. If the request is to benefit the public rather than the individual person (a circumstance primarily invoked by the media), then the Division will respond within **five (5) business days**.

AGENCY USE ONLY

| | |
|-------------------------------|-----------------------|
| Total Number of Copies: _____ | Copying Fee: _____ |
| Form of Payment: _____ | Date Completed: _____ |
| Division Signature: _____ | Receipt Number: _____ |