

Johnson Water District

GRAMA REQUEST FORM

Requester's Information

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: _____

Records Requested

Note: The more specific and narrow the request, the faster the District will be able to respond to the request. If you are unsure about the record's description, contact the District.

Description of records including all relevant information-location of events; date range of the records; name of the person; subject of the request.

Note: If the record have restricted access, GRAMA provides that certain individuals may still receive access.

Please check all that apply"

_____ I am the subject of the record

_____ I am the authorized representative of the subject of the record

_____ I provided the information in the record

Consideration about the Desired Response

I would like to:

_____ View or inspect the records only

_____ Receive a copy of the records and pay associated fees. Please notify me if the amount will exceed \$_____

_____ Receive a copy of the records and request a fee waiver because one of the following applies to me:

_____ Releasing the records primarily benefits the public

_____ I am the subject, or authorized representative, of the records

_____ My legal rights are directly implicated by the information on the records because _____, and I am impecunious.

Signature: _____