UTAH DIVISION OF DRINKING WATER
REQUEST FOR PUBLIC INFORMATION

Information from the Division of Drinking Water (DDW) is available under the provisions of the Utah Government Records Access Management Act (GRAMA). To initiate a request for information, this form must be completed and signed. If you require DDW services to answer your request, a fee may be charged in accordance with the Utah Department of Environmental Quality’s fee schedule (described below). This form must be completed even if it is anticipated that no fee will be charged for DDW services.

A.) REQUESTER INFORMATION

NAME OF REQUESTER: __________________________
Company Name: __________________________

ADDRESS: __________________________________________________________________________

CITY, STATE, ZIP CODE: _______________________________________________________________

DAYTIME TELEPHONE: _________________ Fax: __________________ DATE: __________________

E-MAIL ADDRESS: ___________________________________________________

B.) INFORMATION SOUGHT

In accordance with the Governmental Records Access Management Act, I am requesting:

____ to view public records (in person)
____ to copy public records
____ a database search (electronic output)
____ a database search (hard-copy output)

The information being sought is as follows:

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

If electronic information is sought, what file type do you prefer? (i.e. Excel, Access, Quattro Pro, Word, WordPerfect, ESRI shapefile, delimited ASCII, etc.) __________________________________________

C.) INFORMATION ON FEES

The following fees will apply:

* Copying  5 cents per single-sided copy after first 10 copies (if requestor makes copies)
25 cents per single-sided copy after first 10 copies (if DDW staff makes copies)

* Investigation by staff engineers or scientists
  There is no charge for an investigation which takes 15 minutes or less.
  Investigations taking over 15 minutes are $30/hr. This hourly rate goes into effect when the investigation commences.

* Database Searches
  There is no charge for an investigation which takes 15 minutes or less.
  Investigations taking over 15 minutes are $70/hr. This hourly rate goes into effect when the investigation commences.

* Scanning/e-mail/CD
  25 cents per single-sided page scanned and e-mailed/CD.
  $10.00 per CD. This must be paid before receiving the CD.

***DDW has 10 working days to respond to requestor about information requested. This time starts when request has reached the right personnel for the requested files.

D.) STAFF ESTIMATE OF FEE AND DELIVERY DATE:

Cost estimate made by: __________________________ (DDW staff member name)
Estimated cost: __________________________ (if there is no charge, enter NC)
Anticipated delivery date: __________________
E.) SENSITIVE INFORMATION AND DISCLAIMER
Facility location data, source protection zones, water system inventory information and/or monitoring schedules are considered sensitive for security purposes. Any government agency that releases any part of this information is required to follow the procedures set forth in the Utah Government Records Access and Management Act (Title 63, Chapter 2 of the Utah Code).

In the Utah Division of Drinking Water we strive to maintain and provide accurate and complete data; however, the Utah Division of Drinking Water provides no warranty nor accepts any responsibility or liability for inaccurate or incomplete data.

F.) REQUESTER SIGNATURE
Please sign where appropriate.

* DDW staff has informed me that my request will not be subject to a fee. I have read and understand the SENSITIVE INFORMATION AND DISCLAIMER shown above in Item E.

Signature: ______________________________

* My request will be subject to a fee, as estimated in Item D, above. I understand that payment must be made prior to receiving the requested information. Furthermore, I have read and understand the SENSITIVE INFORMATION AND DISCLAIMER shown above in Item E.

Signature: ______________________________

G) MAILING OR FAXING INSTRUCTIONS:
If you need to mail this completed form to DDW, please use the following address -
GRAMA Coordinator
Utah Division of Drinking Water
P.O. Box 144830
Salt Lake City, UT 84114-4830
Fax: (801) 536-4211

H.) PAYMENT INSTRUCTIONS
Payment must be made prior to receiving the requested information. Please make checks payable to the Utah Division of Drinking Water. Payment can be mailed to the above address. At this time we cannot accept credit or debit cards, and cash payments must be made in the exact amount only.

For Staff Use:

Staff Performing Work: ___________________________
Information Transmitted on: _______ Transmission Method:___________
Fee Amount or N/C:___________ Date Fee Received ____________

Notified requester that records are not maintained by this agency: ________
Extraordinary circumstances requires extension time to:____________
Notified requester of extension:__________
Staff Signature: _____________________________