



Hildale City Justice Court
320 East Newel Ave.
P.O. Box 840490
Hildale, UT 84784
Phone: (435) 874-2323

Governmental Records Access Management Act (GRAMA)

Requestor's Information

Date: _____

Requestor's Name: _____

Address: _____ Phone No: _____

Defendant Information

Name: _____ Last four digits SSN: _____

Case No: _____ Citation No: _____ Violation Date: _____

In accordance with the Governmental Records Access Management Act, I am requesting to
{ } view the following documents

{ } receive copies of the following record(s) specifically described as follows:

- ☐ Citation
- ☐ Discovery Requests and Responses
- ☐ Formal Information
- ☐ Plea Agreements
- ☐ Judgment and Sentence
- ☐ Motions/Orders (Specify): _____
- ☐ Notices Audio Recording on (date) _____
- ☐ Other: _____

I understand the Court can only provide copies of public records. SSN and DL #'s are redacted to last 4.

Date: _____ Requestor's Signature (I.D. Required) _____

Please allow seven (7) business days to fulfill request.

Billing

Certified Copies: _____ documents @ \$4.00 per document = \$_____
_____ pages @ \$.50 per page = \$_____

Photocopies: _____ pages @ \$.25 per page = \$_____

Audio Recording: \$30.00 per session (includes clerical time and CD) \$_____

Research Time: _____ hours @ \$15.00 per hour = \$_____
(first 15 minutes free)