

CITY OF SOUTH JORDAN
GRAMA Record Request
Fax: 801-254-3393



The following form should be completely filled out and returned to the City Recorder's office. The City is allowed 10 business days in which to respond to your request. Presently, South Jordan City Charges 25¢ per page. The City may assess other fees for records compiled in a form other than that maintained. Research or Services Fee may be charged as provided by Utah Code 63G-2-203.

Requestor's Name: Amy Pinto - Newmark Grubb Acres property managers.
 Address: [Redacted] City: Salt Lake City
 State: UT Zip: 84111 Daytime Phone: [Redacted] Fax: [Redacted]

In accordance with the Governmental Records Access Management Act, I am seeking the following record(s) **specifically described as:**

Soils reports
Engineering plans
Architectural designs/drawings } all for the original building
Compaction reports
Any other original documents submitted + approved by the city
Building located at 10503 S. Redwood Road, South Jordan
Please provide these records on CD format

which I believe are collected, filed and/or used by the City of South Jordan, 1600 W. Towne Center Drive, South Jordan, Utah 84095 (801) 254-3742.

I would like to view/inspect the record(s).

I would like to receive a copy of the record(s) described above. I understand that the City charges a fee for copies of records and the copies will be provided subject to fees being paid. I authorize cost of up to \$20.00. If costs are greater than the amount I have specified, I further understand that the office will contact me and will not respond to a request for copies if I have not authorized adequate costs. Please provide on CDs.

Amy Pinto
 Signature

04/24/2015
 Date

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CITY'S RESPONSE TO RECORD REQUEST – FOR OFFICE USE ONLY

APPROVED – Requestor notified on _____, 20__

DENIED – Written denial sent on _____, 20__

Requestor notified that this office does not maintain record; and, if known, was also notified of name and address of agency that does maintain record on _____, 20__

Extension of time for extraordinary circumstances. Required notice sent _____, 20__

COPY FEES: \$ _____. If waived, approved by: _____