file case sent to fire for dissemination 6-14-14

logged 6-12-14

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

SOUTH JORDAN

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 .50¢ 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: Shereena Fennell

Address: [redacted] City: South Jordan

State: UT Zip: 84095 Daytime Phone: [redacted] Fax: _____

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

911 call related to the home-birth of my child.
Call was made approximately @ 11:45 AM on June 22, 2012
by my sister-in-law - Shaunna Fennell.

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 $2.00. 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.

Shereena M. Fennell
Signature

6/12/14
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: _____

_____ Signature

_____ Date