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

SOUTH JORDAN UTAH

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: [redacted]

Address: [redacted] City: S.J. State: UT Zip: 84095

Phone: [redacted] Daytime fax: [redacted] email: [redacted]

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

CITY COUNCIL MINUTES - NOVEMBER 5, 1996

Minutes were emailed 6/22/16 4:55 pm

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).

X 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 $ 25.00. 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.

D Woolley FOR TRANS-JORDAN — Signature

June 22, 2016 — Date

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

✓ APPROVED – Requestor notified on: June 22, 20 16

____ DENIED – Written denial sent on: ____, 20____

____ NO RECORDS ON FILE – Notice sent to requestor on: ____, 20____

____ Requestor notified that this office does not maintain the record(s); and, if known, was also notified of the name and address of agency that does maintain the record(s) on: ____, 20____

____ Extension of time for extraordinary circumstances. Required notice sent to requestor on: ____, 20____

COPY FEES: $ 0 If waived, approved by: ____

Erma West — Signature

Date