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: Elizabeth Allen / Jason Schatz

Address: [redacted] City: Salt Lake City

State: UT Zip: 84105 Daytime Phone: [redacted] Fax: [redacted]

In accordance with the **G**overnmental **R**ecords **A**ccess **M**anagement **A**ct, I am seeking the following record(s) **specifically described as:**

Copies of the video from the surveillance cameras from the parking lot of South Jordan City Hall / South Jordan Justice Court on September 11, 2015, from 10:00 AM - 11:30 AM.

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 $ 50.00 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.

Elizabeth Allen — Signature

9/14/15 — Date

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

✓ APPROVED – Requestor notified on Sept 21, 20 15

____ 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: $ 20.00. If waived, approved by: ____

Charged for USB Drive to copy the Video to.