

Sent to: Ryan, CC, Leadership Team, Jon Day, Cindy, Chip 1/14

Deadline 1-27-16

IS saved records to USB Drive  
chips records saved to USB Drive

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: Karen Congram  
Address: [Redacted] City Taylorsville  
State: UT Zip: 84129 Daytime Phone: [Redacted] Fax: [Redacted]

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

Any communication (written and electronic) between  
Senator-elect Lincoln Fillmore and South Jordan  
city from 12/15/2015 thru present.

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 \$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.  
Karen Congram Signature Date 12-21-2015

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

APPROVED - Requestor notified on Jan 26 2016

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: \$ 7.00 If waived, approved by \_\_\_\_\_  
USB Drive