

June 5, 2014

U.S. Office of Personnel Management
Attn: Kristen Dailey



Re: GRAMA Records Request

I am responding to your Record Request asking for:

Request #1 Property /Foreclosure Records for:

9488 McVea Court
South Jordan, Utah 84095

Reply #1: No records found

Please let me know if you have any questions,

Sincerely,



Cindy Valdez, CMC
Deputy City Recorder

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 .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: Kristen Dailey- US office of Personnel Management

Address: [REDACTED] City: Loveland

State: CO Zip: 80538 Daytime Phone: [REDACTED] Fax: _____

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

Property Records/ Foreclosure for 9488 McVea Court,
S. Jordan, UT 84095

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 \$_. 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.

K. Dailey
Signature

5/2/2014
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 6-9, 2014

____ 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: _____

Craig Valley
Signature

6-9-2014
Date

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I **Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation or reinvestigation to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a public trust position.

I **Authorize** the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I **Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release may be needed, and I may be contacted for such releases at a later date.

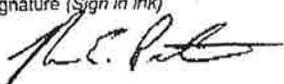
I **Authorize** any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a public trust position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I **Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I **Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be disclosed by the Government only as authorized by law.

I **Authorize** the information to be used to conduct officially sanctioned and approved suitability-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink) 		Full name (Type or print legibly) JOHN ELIJAH PRATT		Date signed (mm/dd/yyyy) 04/10/2014	
Other names used		[REDACTED]		[REDACTED]	
Current street address	Apt. #	City (Country)	State	Zip Code	Home telephone number
[REDACTED]		South Jordan	UT	84095	[REDACTED]