

**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: ULTRADENT PRODUCTS INC. - CASSIE MCCOMBS  
 Address: [REDACTED] City: SOUTH JORDAN  
 State: UT Zip: 84095 Daytime Phone: [REDACTED] Fax: [REDACTED]

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

CITY COUNCIL MINUTES BETWEEN 1/1/1994 - 12/31/95  
ALL DOCUMENTS FOR THE SITE PLAN APPROVAL, MENTIONED  
IN THE CITY COUNCIL AGENDA FROM 4/16/1991  
No Council Packets for 4/16/1991 Only 10 Year Retention

No Records

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 \$500.00. 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.

Cassie McCombs 6/15/2016  
 Signature Date

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

Partial  
 APPROVED - Requestor notified on June 15 - 2016, 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: \$ 6.00. If waived, approved by: \_\_\_\_\_

Anna West 6-15-2016  
 Signature Date

1994 + 1995 Council Minutes copied to USB Drive - \$6  
No Records for 4/16/91 Site Plan Approval