email sent 1/6: Gary, Rob, Paul, Ryan Teresa Cook.

Deadline 1/15/2015

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: BRIAN STOKER

Address: 1917 E. NATIONS WAY City: HOLLADAY

Daytime

State: UT Zip: 84121 Phone: 801-906-1331 Fax: _____

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

NAMES, JOB TITLES, EMAILS OF ALL EMPLOYEES INCLUDING FIRE & POLICE DEPARTMENTS IF POSSIBLE. PREFER TO RECEIVE VIA EMAIL

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 $ 20 – . 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.

BS Signature

1/6/15 Date

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

_____ APPROVED – Requestor notified on Jan. 12, 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: $ 0. If waived, approved by: _____

Anna M. West Signature

1-12-2015 Date

* See attached Letter of Reply