approved 10-15-15

called 10-15-15

logged 10-14-15

PICKED UP 10-15-15 RT

UTDL #146852056

CITY OF SOUTH JORDAN

10

GRAMA Record Request

Fax: 801-254-3393

SOUTH JORDAN

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: Teri Eide

Address: [redacted] City: W Jordan State: UT Zip: 84081

Phone: [redacted] Daytime Fax: _____ email: _____

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

12F007189

I know it's short notice but could you Please do ASAP.
I'm going to court on friday. It would be helpful if I could get this quickly.
Thank You, Teri

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.

X 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 $_____. 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.

Signature _____ Date 10-14-15

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

✓ APPROVED – Requestor notified on: 10-15-15, 20____

_____ DENIED – Written denial sent on: _____, 20____

_____ NO RECORDS ON FILE – Notice sent to requestor on: _____, 20____

_____ Requestor notified that this office does not maintain the record(s); and, if known, was also notified of the name and address of agency that does maintain the record(s) on: _____, 20____

_____ Extension of time for extraordinary circumstances. Required notice sent to requestor on: _____, 20____

COPY FEES: $ 5.00. If waived, approved by: _____

Signature Johnson Date 10-15-15