Sent to Planning, Eng + Bldg.

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: KIM ANDERSON - Architect

Address: 350 W. 800 N. #124 City: SLC UT

State: UT Zip: 84103 Daytime Phone: [redacted] Fax: [redacted]

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

ARCHITECTURAL PLANS & SITE PLAN FOR SCHMIDTS BAKERY - ORIGINALLY MADDOX RESTAURANT AT 1133 SOUTH JORDAN PARKWAY.

IT MAY HAVE ORIGINALLY BEEN CALLED GRANDPA MADDOX RESTAURANT

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). INSPECT PRIOR TO PRINTING - FIRST

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.

RECEIVED
OCT 13 2014
South Jordan City
City Recorders Office

Kim Anderson
Signature

OCT 7, 2014
Date

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

✓ APPROVED – Requestor notified on Oct 16, 20 14

_____ 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: $ _____. If waived, approved by: _____

Anna West
Signature

10/16/14
Date

Called 10/16 3:40PM to let him know file is available to view.