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: SHAD SELMOS

Address: [redacted] 2121 S. MCLLELLAN STE 201 City: SLC State: UT Zip: 84106

Phone: 801-907-1888 Daytime Fax: _____ email: [redacted]

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

SOILS REPORT, ANY SURVEY THAT YOU MAY HAVE
~~10641~~ S. JORDAN GATEWAY
10610 S.

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 $ 25.00. 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.

Signature _____ Date 8.31.16

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

✓ APPROVED – Requestor notified on: Sept 2, 20 16

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

Anna West Signature 9-2-2016 Date

No Records on File per Corinne