

FIRE DEPARTMENT

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: David Simon Email: [REDACTED]

Address: [REDACTED] City: Salt Lake City

State: UT Zip: 84121 Daytime Phone: [REDACTED] Fax: [REDACTED]

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

Property: 11519 South 4000 West (27-20-302-016)
Also see attached list of properties and parcel map

Information pertaining to USTs, ASTs, reported incidents of hazardous material releases, or other similar circumstances that could be of environmental concern at the Property, and of historical uses of the Property.

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.

David B. Simon

Signature

04-10-15

Date

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

 APPROVED – Requestor notified on _____, 20__

 DENIED – Written denial sent on _____, 20__

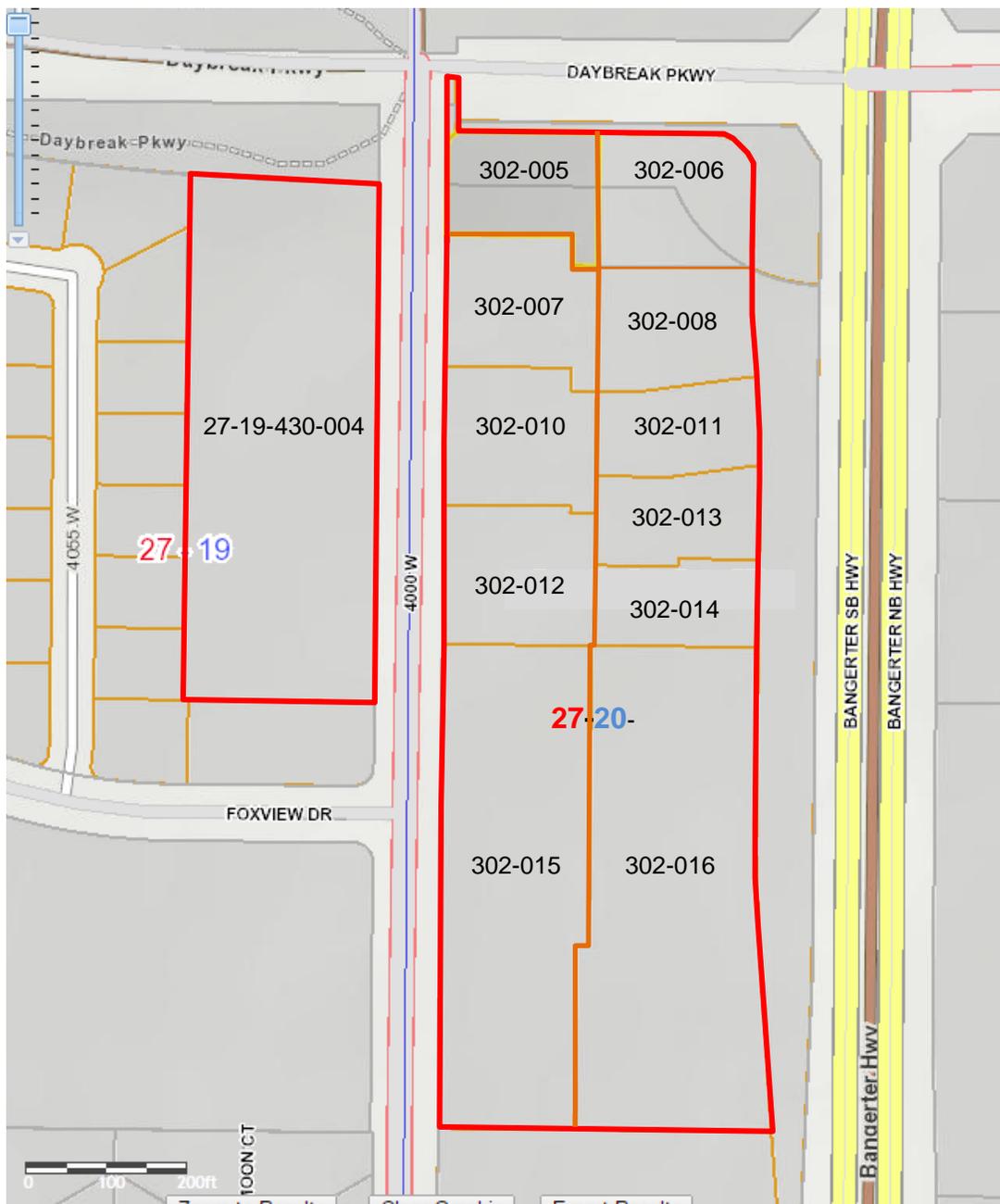
 Requestor notified that this office does not maintain record; and, if known, was also notified of name and address of agency that does maintain record on _____, 20__

 Extension of time for extraordinary circumstances. Required notice sent _____, 20__

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

Signature

Date



Parcel No.	Acres		Owner	Address	
27-20-302-005	0.59	11.39	14.55	11499 South 4000 West	
27-20-302-006	0.73			11501 South 4000 West	
27-20-302-007	0.72			11503 South 4000 West	
27-20-302-008	0.68			11505 South 4000 West	
27-20-302-010	0.75			11507 South 4000 West	
27-20-302-011	0.52			11509 South 4000 West	
27-20-302-012	0.76			11513 South 4000 West	
27-20-302-013	0.53			11511 South 4000 West	
27-20-302-014	0.50			11515 South 4000 West	
27-20-302-015	2.53			11521 South 4000 West	
27-20-302-016	3.08			Sprouts Farmers Market	11519 South 4000 West
27-19-430-004	3.16				

27-20- are part of the s5.37 AC parcel 27-20-302-002: CORP OF PB OF CH JC OF LDS
11601 S 4000 W