

G.R.A.M.A.
Government Records Access and Management Act

Intent: GRAMA is intended to promote the public's right of easy and reasonable access to unrestricted public records and to favor public access when, in the application of the law, countervailing interests are of equal weight. (63G-2-102)

Time: A request for record access or copies shall be responded to as soon as reasonably possible – no later than 10 business days, or 5 business days if a request benefits the public rather than the requesting individual. (63G-2-204(3)(a))

Denial: If access is denied, the agency shall provide a notice of denial, including a description of the record or portion of record to which access is denied, citation to the statute allowing the denial, and a description of the process to appeal the denial. (63G-2-205(2))

Please complete the GRAMA Record Request form and return to:

**South Jordan City Recorder
1600 W. Towne Center Drive
South Jordan, Utah 84095
Phone: (801) 254-3742
Fax: (801) 254-3393**

2009-2010 GRAMA Fee Schedule
Adopted in the FY 2009-10 City Budget 6-16-09
By Resolution R2009-18

| | | |
|--|---------|---|
| Photocopy or print out of regular size record | \$0.50 | Per page - records smaller than 11" X 17" |
| Black and white photocopy or print out of oversized record | \$7.00 | Per page - records larger than 11" X 17" |
| Color photocopy or print of oversized record | \$12.00 | Per page - records larger than 11" X 17" |
| Electronic records, per DVD | \$4.00 | Per DVD |
| Electronic records, per CD | \$2.00 | Per CD |
| Video Records | \$5.00 | Per Tape |
| Audio Records | \$2.00 | Per Tape |
| Fax request (long distance within US) per fax number | \$2.00 | |
| Fax request (long distance outside US) per fax number | \$5.00 | |
| Mail request (address within US) per address | \$2.00 | |
| Mail request (address outside US) per address | \$5.00 | |
| Research or services fee | | As provided by Utah Code 63-2-203 |
| Extended research or services fee | | As provided by Utah Code 63-2-203 |
| Police Report | \$5.00 | Per Report |
| Traffic Accident Report | | Per Report |
| Other | | |

**CITY OF SOUTH JORDAN
GRAMA Records Request**

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 .50¢ 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. (Fees last updated 6-16-09 by Resolution R2009-18 Adoption of the FY 2009-10 Budget).

Requestor's Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Daytime Phone: _____

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

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
- I would like to receive copies of the requested record(s). I agree to pay a reasonable fee to cover the City's actual cost of duplicating the records, or compiling the records in a form other than that maintained by the City. I authorize cost of up to \$ _____. I further understand that the City will contact me if estimated costs are greater than the amount I have specified and that the City will not copy or compile the documents if I have not agreed to pay the costs.

Signature

Date

I request waiver of the above fees as provided by the City Ordinance 3-6-100 for the following reasons: _____

CONTROLLED RECORDS

If requested records are classified "Controlled", sign the following:

Signature

Date

ACKNOWLEDGEMENT

I hereby acknowledge that I am a physician, psychologist, or certified Social Worker and that I will not disclose controlled information to any person, including the Subject of the record, except in response to a lawful order of the State Records Committee or the District Court.

Signature

Date

FOR OFFICE USE ONLY RESPONSE TO REQUEST

APPROVED – Requestor notified on _____, 20_____.

DENIED – Written denial sent on _____, 20_____.

FEES: \$ _____

If waived, they were approved by: _____

Further cost authorization obtained from requestor by: _____

On _____, 20_____.

Signature

Date