

UTAH GOVERNMENT RECORDS REQUEST FORM

TO: Jordanelle SSD / Greg Koberlein (SSD comptroller), Darrel Scow  
(Name of government office holding the records and/or name of agency contact person.)

Address of government office: P.O. Box 519, 6135 East Lake Creek Road  
Heber City, Utah 84032

Description of records sought (records must be described with reasonable specificity):

Any and all information concerning Dan Mathews: contracts and/or agreements concerning a retirement, separation or severance package,  
including any agreements or contracts for future employment, consulting with or for any other county entity, department, or district.  
All Email communications between said individual and individual members of County Council from the period of one year prior to the separation.

- I would like to inspect (view) the records.
- I would like to receive a copy of the records. I understand that I may be responsible for fees associated with copying charges or research charges as permitted by UCA 63G-2-203. I authorize costs of up to \$
- UCA 63G-2-203 (4) encourages agencies to fulfill a records request without charge. Based on UCA 63G-2-203 (4), I am requesting a waiver of copy costs because:

releasing the record primarily benefits the public rather than a person. Please explain:  
Wasatch Taxpayers Association website *email records*  
only, sent to below email.

- I am the subject of the record.
- I am the authorized representative of the subject of the record.
- My legal rights are directly affected by the record and I am impoverished. (Please attach information supporting your request for a waiver of the fees.)

If the requested records are not public, please explain why you believe you are entitled to access.

- I am the subject of the record.
- I am the person who provided the information.
- I am authorized to have access by the subject of the record or by the person who submitted the information. Documentation required by UCA 63G-2-202, is attached.
- Other. Please explain:

I am requesting expedited response as permitted by UCA 63G-2-204 (3)(b). (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or other information that demonstrates that you are entitled to expedited response.)

Requester's Name: Tracy Taylor

Mailing Address: tracy@etracytaylor.com

Daytime telephone number: 435 503-1121 Date: 4-27-15

Signature: 