

Wasatch COUNTY SCHOOL DISTRICT

GRAMA REQUEST FOR RECORDS

TO: Wasatch County School District Attn: Keith Johansen
(Name of person and/or government office holding records)

The response to a request may be delayed if it is not directed properly. To find out where to direct a request, consult the agency rules, telephone the agency or State Archives. The telephone number for the State Archives is (801) 538-3012.

Address of Government Office: WCSD, 101 East 200 North, Heber City, UT 84032

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

Full, unabridged 2019-2020 budget in excel format. Amended 2019 budget in excel format.

Total amount currently in the capital facilities fund. Total amount of bond money left over from 2015 \$62 million bond. What has been done with the leftover 2015 bond money? All information in electronic format, delivered via email.

- I would like to inspect the records
- I would like to receive copies of the records. I understand that I will be responsible for copy costs. I authorize costs of up to \$_____. I further understand that the agency will contact me if estimated costs are greater than the amount I have specified, and that agency will not respond to a request for copies if I have not authorized adequate costs.
- I would like to receive copies of the records. I request a waiver of copy costs. (Please attach information supporting your request; see U.C.A. 63G-2-203(4) for a list of situations under which an agency is encouraged to provide copies without charge.)

If applicable, check one of the following and attach necessary documentation:

- 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.
- Other. Explain: wasatch taxpayers association website for public review

Name: Tracy Taylor

Address: tracy@etracytaylor.com

Day Time Phone Number: 435 503-1121

- I am requesting expedited response. (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 lease attach other information that demonstrates that you are entitled to the expedited response under U.C.A. 63G-2-203(3).)

Signature: _____



Date: _____

5/24/19

FOR DISTRICT USE ONLY

Date Request Received: _____

Initial Time Limit for Response: 5 days 10 days

Classification:

- Private
- Controlled
- Protected
- Public
- Access is governed by a law other than GRAMA
- Requested document is not a "record" under GRAMA

Is access authorized: (Complete this section if records are private, controlled, or protected.)

PRIVATE:

- Requester is the subject of the record
- Requester is other person authorized by U.C.A 63-202(1) and has supplied required documentation
- Requester is not authorized to have access.

CONTROLLED:

- Requester is a physician, psychologist, or certified social worker, has supplied a notarized release dated no more than 90 days prior to this request, and has signed an acknowledgment re nondisclosure. U.C.A 63-2-202(2)
- Requester is not entitled to access.

PROTECTED:

- Requester is person who submitted record
- Requester is other person authorized by U.C.A. 63-2-202(4) and has supplied required documentation.
- Requester is not entitled to access.

How was identification verified?

Response to Request: (See UCA 63-2-204)

- Approved _____ Requester notified on: _____
- Denied _____ Written denial sent on: _____
- Requester notified agency does not maintain record, and, if known, was also notified of name and address of agency that does maintain record file.
- Extension of time claimed for extraordinary circumstances. Required notice sent: See UCA 63-2-204(3)(iv).

Copy Fees: Amount \$ _____

If waived, fee waiver approved by:

Signature: _____ Date: _____