

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):

Amended 2019 budget in excel format. Copy of 2019 School Bond survey questions, total results from survey, number of people in focus group meetings, results from focus group.

Company/ies doing any surveys, conducting focus groups, and compiling information of both, and their contracts with WSD including their scope of work and cost.

Appraisals on all parcels in proposed new high school area on the NW side of Heber. The percentage increase of wages and benefits for the various

employee groups (admin, teachers, classified) by year for the last 10 years? 5 years? --all in electronic format 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: _____

9/3/19

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: _____