

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 agencysrules, 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 budget for FY 2022-2023, and amended FY 2022budget- both in excel spreadsheets.	
Annual M&O budgets for the high school, Timp Middle School and Old Mill Elementary. All info delivered 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: Date:	

FOR DISTRICT USE ONLY

Date R	equest Received:
Initial [*]	Time Limit for Response: 5 days 10 days
Classif	fication:
	Private
	Controlled Protected
	Public
	Access is governed by a law other than GRAMA
	Requested document is not a "record" under GRAMA
Is acce	ess authorized: (Complete this section if records are private, controlled, or protected.)
PRIVAT	ΓE:
	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.
	OLLED:
	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.
PROTE	CTED:
	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 w	vas identification verified?
_	(6 - 1164 63 3 304)
	nse 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 \$
	ved, fee waiver approved by:
Signati	ure: Date:
0	