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 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):

1) Full, unabridged 2023-24 budget, and amended 2022-23 budget on excel spreadsheets.

2) All new promotions (business administrator, superintendent's secretary, etc) at the Wasatch School District admin level, list of people promoted, and all executed contracts, salary and benefits packages awarded. The published announcements for all open positions, all applications and resumes for each position.

3) What was omitted in the high school specs to lower the bid price by $10 mil from original Westland HS bid, to the final Westland bid? New plans?

☐ 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, Wasatch Taxpayers Association _____

Address: tracy@etracytaylor.com -- please deliver all electronic copies, no paper please. _____

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: June 8, 2023 _____

101 East 200 North, Heber City, Utah 84032 ~ Phone: (435) 654-0280 Fax: (435) 654-4714 ~ www.wasatch.edu

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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: _____