



**PACIFIC TRANSIT
REQUEST FOR PUBLIC RECORDS & CHARGES**

Name of Requestor:		Date of Request
Address of Requestor:		Phone:
		Fax:
		Email:
Representing (If applicable)		
Review Records Only: Yes <input type="checkbox"/> No <input type="checkbox"/> Hours of viewing are: Monday thru Friday 8:00am to 4:00pm	Copy(s) Requested: (Refer to charges box) Yes <input type="checkbox"/> No <input type="checkbox"/> DVR Copies are only good approximately up to 14 days from date of incident. Invoice will be mailed once records has been collected. Request will be mailed once payment has been received.	Charges (To be completed by Pacific Transit) Inspection at Raymond Office-FREE Paper copies @ 15¢ page: #pg ____ \$ _____. DVR Copy @ \$6.00 each: # ____ \$ _____. Flashdrive Info @ \$6.00 each: # ____ \$ _____. Electronic-Free* \$ _____. Scan-10¢ page: # pg ____ \$ _____. Other Materials: \$ _____. Actual Postage Cost: \$ _____. Total Charges:\$ _____. *If file too big to send-will be mailed with above charges
Please State Specific Records Requested including Day and Time if applicable:		
I understand that Washington Public Records Act, RCW 42.56.070, "shall not be construed as giving authority to any agency to give, sell or provide access to lists of individuals requested for commercial purposes, and agencies shall not do so unless specifically authorized or directed by law." I also certify that access to any lists of individuals obtained through this request for public records will not be used to compile a mailing list for commercial purposes.		

Pacific Transit has the right to deny this Public Record Request as per RCW 42.56 or if the request is not specific enough.

Signature of Requestor: _____

Request will be considered abandoned approximately 30 days after notification records are available or invoice mailed.

OFFICIAL USE BY PACIFIC TRANSIT PERSONNEL ONLY:

Approved Denied Abandoned Date _____

Request will be considered abandoned approximately 30 days after notification records are available or invoice mailed.

Request filled by: _____ Date: _____

Payment Received _____

Date Of Inspection _____ Copies emailed/mailed _____

Pacific Transit System
216 N. 2nd Street
Raymond, WA 98577
360-875-9418 642-9418 484-7418