

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:	Copy(s) Requested:	Charges (To	be completed by Pacific Transit)	
·	(Refer to charges box)	o Inspection	at Raymond Office-FREE	
Yes □ No □	Yes □ No □		es @ 15¢ page: #pg \$ y @ actual cost: # \$	
Hours of viewing are	ours of viewing are: DVR Copies are only good approximately up to 14 days		@ actual cost: # \$ cloud @ 5¢ every 4 files \$	
flours of viewing are.	from date of incident.	o Scan-10¢ p		
Monday thru Friday**	Invoice will be mailed once records have been collected.	o Customize	format @ 10¢/gigabyte \$ d service @ actual cost \$	
8:00am to 4:00pm		Other Materials:		
** Except holidays	Request will be mailed once payment has been received.	o Postage @	actual cost: \$	
			Total Charges: \$:	
Di Guarante de Cara	1.7	*If file too b	ig 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:				

OFFICIAL USE BY PACIFIC TRANSIT PERSONNEL ONLY:

	Abandoned Date
Request filled by:	Date:
	Payment Received
Date Of Inspection	Copies emailed/mailed

Public Request Fee Adopted 10-11-2018

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