

PUBLIC RECORDS REQUEST

The following information is to be filled out by the person requesting records:

Date of Request: _____

Name of Requestor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Email address of Requestor: _____

Type of Record(s) (if known): _____

Date of Record(s) (if known): _____

Location of Record (Department, if known): _____

Please describe the records you are requesting and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide information sufficient to identify the records may result in denial of the request.

I understand I may review records without charge. I further understand that if I request copies, I must pay Okanogan County Transit Authority's costs as set forth in Okanogan County Transit Authority's Public Records Request Policy. I agree to prepay up to 10% of the charges associated with my request, if required by Okanogan County Transit Authority.

- I wish to have copies/duplicates of the records indicated above.
- I wish to make an appointment to review the records indicated above before copies are made.

Method by which I would like to receive the information I have requested:

- Mailed to me.
- Call me and I will pick up in person.
- Emailed to me.

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes, per RCW 42.46.070(9).

Signature Date

FOR OKANOGAN COUNTY TRANSIT AUTHORITY STAFF USE ONLY:

Date Received: _____ Comments _____

Request Denied: Yes No

Copies Provided: Yes No Fee: \$ _____ Total: \$ _____

Request Completed by: _____