

PUBLIC RECORDS REQUEST FORM

Name :		Date :
Address :		
City :	State :	Zip Code:
Phone :	Email (Required) * :	

REQUESTING VIDEO:

If you are requesting **video** please provide the information requested below to assist in locating the correct video :

Date :	Time :	Route # :	Coach # :
Location you boarded bus :		Location you exited the bus :	
Where you were sitting :			
Your physical description :			
Description of any item you are attempting to locate :			
Any additional information that may assist in searching video :			

REQUESTING DOCUMENTS:

If you are requesting **documents** please provide a detailed description of the documents below:

Please let us know if you would like to review records or receive copies by checking the appropriate box:

Review Only: **or** Request Copies: (fees for electronic delivery: \$0.05/ 4 electronic files, \$0.10/ 1 scanned file)

I, the undersigned do declare as follows: I understand and acknowledge that Washington State law, RCW 42.56.070(9) prohibits the use of lists of individuals for commercial purposes. Any records obtained will not be used for commercial purposes. I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Requestor's Signature:	Date Signed:
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Submit completed forms to: Amanda Collins, Public Records Officer (360) 357-1532
 Intercity Transit
 PO Box 659
 Olympia, WA 98507
publicrecordsrequest@intercitytransit.com

PUBLIC RECORDS REQUEST FORMS ARE PUBLIC RECORD AND MAY BE DISCLOSED UPON REQUEST

* Requests are delivered electronically and require an email address. If you do not have an email address please provide a valid phone number for relaying the link to receive your records. If you do not have Internet access records can be viewed **by appointment** at Intercity Transit's administrative office at 510 Pattison Street SE, Olympia, WA 98501 contact: 360-357-1532.

INFORMATION BELOW TO BE COMPLETED BY INTERCITY TRANSIT

Request received: Walk in <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/>			
Date received:		Request forwarded to: Ops <input type="checkbox"/> HR <input type="checkbox"/> Finance <input type="checkbox"/> Procurement <input type="checkbox"/> Maintenance <input type="checkbox"/> Executive <input type="checkbox"/> IS <input type="checkbox"/>	
ACTION	DATED	INITIALS	NOTES
5 day notice sent:			
Clarification required:			
3 rd party notice:			
Legal review:			
Installments:			
Redaction/Omission:			
Request denied:			
No records found:			
Request abandoned:			
Requestor notified of completion: In person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other <input type="checkbox"/> :			Date:
Records provided to requestor: Picked up <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Box.com <input type="checkbox"/>			
Request completed by:		Fees charged:	
Staff hours:			