

## 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 copies \$0.15/per page)

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: |
|------------------------|--------------|

**Submit completed forms to:** Nancy Trail, Public Records Officer (360) 705-5857  
 Intercity Transit  
 PO Box 659  
 Olympia, WA 98507  
[publicrecordsrequest@intercitytransit.com](mailto:publicrecordsrequest@intercitytransit.com)

\* Video 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 business office at 526 Pattison ST SE, Olympia, WA 98501 contact: 360-705-5857.

**INFORMATION BELOW TO BE COMPLETED BY INTERCITY TRANSIT**

Request received: Walk in  Email  Phone  Fax  Mail

Date received: \_\_\_\_\_ Request forwarded to: Ops  HR  Finance  Procurement  Maintenance  Executive  IS

| <b>ACTION</b>                 | <b>DATED</b> | <b>INITIALS</b> | <b>NOTES</b> |
|-------------------------------|--------------|-----------------|--------------|
| 5 day notice sent:            |              |                 |              |
| Clarification required:       |              |                 |              |
| 3 <sup>rd</sup> party notice: |              |                 |              |
| Legal review:                 |              |                 |              |
| Installments:                 |              |                 |              |
| Redaction/Omission:           |              |                 |              |
| Request denied:               |              |                 |              |
| No records found:             |              |                 |              |
| Request abandoned:            |              |                 |              |

Requestor notified of completion: In person  Phone  Email  Other : \_\_\_\_\_ Date: \_\_\_\_\_

Records provided to requestor: Picked up  Mail  Email  Box.com

Request completed by: \_\_\_\_\_ Fees charged: \_\_\_\_\_

Staff hours: \_\_\_\_\_