

MASON TRANSIT AUTHORITY
REQUEST FOR PUBLIC RECORDS

Name of Requestor:		Date Requested:
Address of Requestor:		Phone: Fax: Email:
Representing (If applicable):		
Review Records Only: Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy(s) Requested: Yes <input type="checkbox"/> No <input type="checkbox"/>	Charges (completed by Mason Transit Authority) Copies @ \$.15 ea.: \$ _____ Materials: TBD \$ _____ Postage: TBD \$ _____ DVD/CDROM@\$1.00 \$ _____
Records Request: (Be as specific as possible in defining the record(s) you wish to obtain, such as dates, time, route number, subject matter.)		
I acknowledge that by releasing this record(s) to me, Mason Transit Authority does NOT thereby give me authority to use it to compile any data for commercial purposes.		
_____ Signature of Requestor		
TO BE COMPLETED BY MASON TRANSIT AUTHORITY		
Actions Taken and By Whom:		
Request Granted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Request denied for the following reason(s):	
Staff person completing request:	Date sent to Public Records Officer:	
Date Public Records Officer Reviewed and Filed:	Signature of Public Records Officer:	

Forward Requests for Public Record(s) to:

**Kathy Geist T-CC Manager/Records Officer
 Mason Transit Authority
 790 E John Prairie Rd. Shelton, WA 98584
 Email to: kgeist@masontransit.org
 Phone: (360) 432-5754**