PUBLIC RECORDS REQUEST FORM

REQUESTOR INFORMATION

Name:	Date:
Address, City, State, Zip:	
Phone:	Email:

RECORDS REQUEST

If you are requesting documents, please provide a detailed description below to include title, dates, times, locations, and individuals/incidents as applicable to assist in identifying the requested records. ☐ This is a request for commercial purposes.

VIDEO REQUEST

If you are requesting video footage, please provide the information below to assist in responding to your request. Video requests are typically delivered electronically or on digital storage media or devices provided by MTA. A valid email address or phone number may be necessary to process and receive your records. If you do not have internet access, please contact MTA at (360) 432-5758 to schedule an appointment to view the available records.

Identifying information related to video requested (who, what, when, location, timeframe):

Other descriptive information that may assist the review of the video footage:

RELEASE of RECORDS

☐ Review Responsive Records at Mason Transit Authority Transit Community Center (T-CC); OR
☐ Pick up copy in person at Mason Transit Authority Transit Community Center (T-CC); OR
☐ Receive Copies of Responsive Records (following payment per MTA Public Records Requests Policy)
Select one: ☐ United States Postal Service OR ☐ Email to address provided above

SUBMIT REQUEST

Please submit your completed public records request form through **one** of the following methods.

Email: publicrecords@masontransit.com

Mail: Public Records Officer
Mason Transit Authority
790 E Johns Prairie Rd
Shelton, WA 98584

RECEIVED by REQUESTOR

Requestor's Signature:	Date: