Jefferson Transit Authority
Public Records Request
(One form per record request, please)

Name________________________________ Date________________ Time____________

Address_____________________________________________________________________

City________________________________ State______ Zip____________

Daytime Phone________________________ Email Address________________________________

Records Requested

Please complete as many of the following items as are known or pertinent:

Subject________________________________ Responsible Department________________

Records Requested______________________________________________________________

____________________________________________________________________________

Type of Record

NOTE: You will be contacted when the files and/or copies you requested are available. Jefferson Transit may need five business days to complete your request or to provide a date by which the records will be available. Public records not exempt from the Public Records Act are available for copying. Black and white copies for most documents can be made by Jefferson Transit for a fee of 15¢ per page. Copies of non-standard format records, such as videotapes, audiotapes, color copies, blueprints, etc., can be made by Jefferson Transit for the actual cost of such copies. This request for a copy of Public Records will be maintained as a portion of the public record. Allowing the inspection and copying of public records by Jefferson Transit is not meant to waive or restrict any copyright, proprietary, or other rights in said documents.

Please mail form to the following address:

Records Officer
Jefferson Transit
63 4 Corners Road
Port Townsend, WA  98368

I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE CONDITIONS.

__________________________________________  ____________________________________  _______________
(Name Printed)  (Signature)  (Date)

FOR JEFFERSON TRANSIT USE ONLY

Records Reviewed__________________________________________
(see other side for additional comments)

Date Records Reviewed_______________ Witnessed By Clerk___________________________
### Documents Log (These are requested documents that have been included)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Subject Matter/Description</th>
<th>Number of Pages</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Reason for Exemption/Redaction</th>
<th>Number of pages</th>
</tr>
</thead>
</table>

Total Charge = ____________ pages x $.15 = $___________  

Receipt #________