



**Twin Transit
PUBLIC RECORDS REQUEST FORM**

212 E Locust St, Centralia, WA 98531
Phone (360)-330-2072 Fax (360)-330-2073
www.twintransit.org

REQUESTOR'S NAME: _____

STREET ADDRESS: _____

MAILING/EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

RECEIVED REQUEST VIA: _____ Email _____ Fax _____ In person _____ Phone _____ Form Used

RECORDS REQUESTED: Please describe the SPECIFIC record(s) you are requesting and any additional information that will help us locate said records (dates, names, etc.). Please indicate whether you want to review the records or receive them electronically or have them copied. The Revised Code of Washington states that records must be made available in a reasonable length of time. Depending on the complexity of the request, Twin Transit will respond to you regarding your request within a reasonable length of time.

- I will inspect the documents at Twin Transit prior to copying or scanning.
- I request the documents be copied and I will pick up the copies and pay the copy fees.
- I request the documents be sent to me electronically to the email address written above.
- I request the documents be mailed to me and I will pay the copy fees and the mail costs.

*Please review the fees below and be prepared to provide 10% of the estimated cost in advance.
If you are requesting a list that might be used for commercial purposes, please complete the declaration on the reverse of this form and return it to the Public Records Officer. If we do not receive a completed declaration, we will be unable to process your request for the list and this public records request will be closed. We may need to contact you with further questions. Therefore, make sure you provide the contact information on the bottom of the declaration. This form and declaration are a public record.

SIGNATURE: _____ DATE: _____

*****FOR OFFICIAL USE ONLY*****

<i>Date Received:</i>	<i>Received By:</i>	<i>Forwarded to:</i>	<i>Respond By (date):</i>
<i>Fees:</i> Copies _____ pages @ \$0.15 \$ _____ Scanned _____ @ \$0.10 \$ _____ Electronic documents _____ @ \$0.05 per 4 documents \$ _____ Gigabyte _____ @ \$0.10 \$ _____ Mailing/Supplies \$ _____ Total \$ _____		<i>Comments:</i>	

DECLARATION UNDER PENALTY OF PERJURY

- I have requested a list of individuals from Twin Transit.
- I am requesting the list of individuals on behalf of (check the appropriate answer):
 My own personal behalf (*skip to 3*)
 An organization or business (*complete a – d before proceeding to 3*)
 - If an organization or business, the name is: _____
 - If an organization or business, the type or an organization or business is: _____
 - If an organization or business, the mail address and website address are:

 - If an organization or business, (i) it is a professional association or educational organization recognized by the professional licensees of the subject area of the association or organization: Yes No
- The purpose that I am making this request for the list of individuals is:

- I or the organization/business intend to generate revenue or financial benefit from using the list of individuals: Yes No
- I or the organization/business intend to solicit money or financial support from any of the individuals on the list: Yes No
- I or the organization/business intent to make individuals on the list aware of business commercial entities, business/financial enterprises or business/financial opportunities: Yes No
- I or the organization/business intend to supply or sell the list of individuals to any organization or business, third party individual, or any other entity: Yes No
 - If yes, to whom:
- I or my organization/business attest that another law authorizes or directs the agency to provide me or my organization/business the list of individuals requested: Yes No
 - If yes, provide specific citation:

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I certify under penalty of perjury that I have read this declaration form and I understand that a list of individuals cannot be provided to me or to my organization or business by a public agency if the list will be used for a commercial purpose. I certify under penalty of perjury that any list of individuals that I or my organization or business receive from Twin Transit will not be used for any commercial purpose in violation of RCW 42.56.070(9).

DATED this ____ of _____, 20__ in _____
(day) (month) (year) (City, State)

Signature of Declarant

Print Name

Declarant’s Title (if any): _____

Declarant’s Contact Information (phone or email, or both): _____