

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:

**Public Records Officer
Mason Transit Authority
790 East Johns Prairie Road, Shelton, WA 98584
Email to: publicrecords@masontransit.org
Phone: (360) 426-9434**