

SOUTH EAST AREA TRANSIT
PUBLIC RECORDS REQUEST

Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Court of Claims, you will need to submit a copy of your public records request

Name and Address of Public Agency Receiving Request: _____

Date Requested: _____

Request Submitted By: _____ E-Mail _____ U.S. Mail _____ Fax _____ In Person

Name of Requester: _____

Street Address: _____

City/State/County/Zip (required): _____

Telephone (Optional): _____ E-mail (Optional): _____

Fax (Optional): _____

Records Requested: **Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.*

Do you want copies of the documents? YES -or- NO

--Do you want Electronic Copies or Paper Copies? _____

--If you want Electronic Copies, in what format? _____

PLEASE FAX REQUEST TO 888-656-1038 OR EMAIL DGILL@SEATBUS.ORG