

**PARTA**  
PUBLIC RECORDS REQUEST  
FORM RC 100

**While not mandatory, if you fill out this form, it will help us to provide the public records you are requesting in a more timely fashion.**

Name of Requestor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

With as much specificity as possible, describe what records you want to review. PLEASE PRINT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COSTS: \$.05 (Five Cents) per photocopy, calculated from the first photocopy. Two sided photocopies shall be charged at the rate of \$.05 (Five Cents) per sheet. Mailing charges are assessed at actual cost. All requests require advance payment. There is no charge to inspect records while at **PARTA's** Administrative Offices.

Please check your preference below:

- \_\_\_\_\_ I would like to inspect these records in the building when they are ready.  
\_\_\_\_\_ I would like these records copied, and I will pick them up when they are ready.  
\_\_\_\_\_ I would like these records copied and mailed to me at the address on this form.

To Be Completed by **PARTA** employee accepting request:

Employee Name \_\_\_\_\_ Date received \_\_\_\_\_