

## **PUBLIC RECORDS REQUEST FORM**

All public records request will be responded to within ten (10) business days after receipt of request. Responses may indicate further time is necessary, additional information is required, or an estimate of fees required to fulfill the request, as examples.

Pursuant to Public Ri	ecords Law all exemptio	ns will be redacted	d from an	iy and al	li material bein	g released.
Date of Request:						
Description of Materials Sought:						
Requestors Informat	ion:					
Name of Requestor:						
Firm / Company:						
Address:						
City:		State:		Zip:		
Phone number:		Fax r	number:			
Email:						
Please be as specific as possible when requesting information.  All information will be provided electronically when available, unless otherwise requested						
OFFICE USE: Receive	ed by: Initi	al Response:		Subseq	uent Reviews:	
Fees: Paid: Records Provided:						

Please return completed form to the SRTA the address below or e-mail to info@srtabus.com

## Southeastern Regional Transit Authority Serving the Communities of