



Central Puget Sound Regional Transit Authority
Public Disclosure Request Form

(Please complete this form and return via fax to 206-398-5222 or mail to Sound Transit, Attn. Legal Dept. 401 S. Jackson, Seattle, Washington 98104 and please print legibly)

Date: \_\_\_\_\_

Name/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone number: \_\_\_\_\_ fax: \_\_\_\_\_

Description of Record(s) Requested:

Five horizontal lines for describing the record(s) requested.

Charges: Charges for documents requested will be \$.15 (fifteen cents) per page. Copies in excess of 50 pages or which are beyond Sound Transit's technical capabilities may be sent to an outside vendor and the requester shall pay the actual cost of reproduction. Postage fees shall be charged for mailing of documents and costs may be charged for the containers used in mailing.

Certification: I understand that Washington Public Disclosure Law, RCW 42.56.070(9), "shall not be construed as giving authority to any agency to give, sell or provide access to lists of individuals requested for commercial purposes, and agencies shall not do so unless specifically authorized or directed by law."

I certify that access to any lists of individuals obtained through this request for public records will not be used to compile a mailing list for commercial purposes.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Two horizontal lines for signature and date.