

Public Disclosure Request For Information

Receipt of Request – Section 1				
Administration, or E.D., for approval or denial.		T NO:	DATE:	
		DEPARTMENT:		
		RECEIVED BY:		
records requested, if approved) to employee in Section 1 for completion of Section 4.				
Requestor – Section 2				
Full Name:		Phone No.		
Mailing Address:		E-Mail:		
City:		State:	ZIP Code:	
I prefer to receive these records in the following format: Inspect at Skagit Transit business office. Copy of records sent to me.				
Describe the records requested:				
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Are these records to be used for commercial purpose? If record(s) concern individuals other than Requestor, please state:				
Requestor Signature:	Request Made:	☐ In Per☐ By Ma	– ′	
Agency Response – Section 3				
Allow Access The applicable department has been notified and you may access the requested records.				
Deny Access - Skagit Transit has determined that the records requested are exempt under law for the following reasons:				
☐ We do not have the records – Explained:				
Approval/Denial Signature:		Date:		
Requestor Notification – Section 4				
Date Requestor Notified:		Date Notification Made:		
I certify that notification of final agency response was carried out by me as stated above.		I certify that notification of final agency was received by me.		
Employee Signature:	Requestor	Requestor Signature:		