FOR-105A



Twin Transit PUBLIC RECORDS REQUEST FORM

212 E Locust St, Centralia, WA 98531 Phone (360)-330-2072 Fax (360)-330-2073 www.twintransit.org

STREET ADDR	ESS:		
MAILING/EMA	IL ADDRESS:		
TELEPHONE N	UMBER:		
RECEIVED REC	QUEST VIA: Email	FaxIn person _	Phone Form Used
that will help us l them electronica in a reasonable lo	ocate said records (dates, na lly or have them copied. Tl	ames, etc.). Please indicate wheth he Revised Code of Washington : n the complexity of the request, T	requesting and any additional informati er you want to review the records or rece states that records must be made availa I win Transit will respond to you regard
	I request the documents be c I request the documents be s	at Twin Transit prior to copying or opied and I will pick up the copies ent to me electronically to the emainailed to me and I will pay the copy	and pay the copy fees. il address written above.
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DECLARATION UNDER PENALTY OF PERJURY

1.	I have requested a list of individuals from Twin Transit.
2.	I am requesting the list of individuals on behalf of (check the appropriate answer):
	My own personal behalf (skip to 3)
	An organization or business (complete $a - d$ before proceeding to 3)
	a) If an organization or business, the name is:
	b) If an organization or business, the type or an organization or business is:
	c) If an organization or business, the mail address and website address are:
	d) If an organization or business, (i) it is a professional association or educational organization recognized by the professional licensees of the subject area of the association or organization: YesNo
3.	The purpose that I am making this request for the list of individuals is:
4.	I or the organization/business intend to generate revenue or financial benefit from using the list of individuals: Yes No
5.	I or the organization/business intend to solicit money or financial support from any of the individuals on the list: Yes No
6.	I or the organization/business intent to make individuals on the list aware of business commercial entities, business/financial enterprises or business/financial opportunities:Yes No
7.	I or the organization/business intend to supply or sell the list of individuals to any organization or business, third party individual, or any other entity: Yes No • If yes, to whom:
8.	I or my organization/business attest that another law authorizes or directs the agency to provide me or my organization/business the list of individuals requested: Yes No
	• If yes, provide specific citation:
	I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I certify under penalty of perjury that I have read this declaration form and I understand that a list of individuals cannot be provided to me or to my organization or business by a public agency if the list will be used for a commercial purpose. I certify under penalty of perjury that any list of individuals that I or my organization or business receive from Twin Transit will not be used for any commercial purpose in violation of RCW 42.56.070(9).
	DATED this of, 20 in (day) (month) (year) (City, State)
	Signature of Declarant Print Name
	Declarant's Title (if any):
	Declarant's Contact Information (phone or email or both):