



# Mountain Area Regional Transit Authority Request for Public Information

Reserved Date Stamp

P.O. Box 1501  
Big Bear Lake, CA 92315  
Tel (909) 878-5200  
Fax (909) 878-5207

This form is for documentation of request to make available public records for inspection or reproduction. Mountain Area Regional Transit Authority (MARTA) is subject to and bound to provide information compliant with the California Public Records Act (California Government Code Section 6254.7). Documents subject to this request may be viewed/inspected in person at MARTA's office in Big Bear Lake, at a pre-arranged time, during regular business hours, or reproduced. Documents will NOT be emailed to the Requestor.

**To the Requestor:** complete this form when requesting to inspect or have public records copied.

### 1. Individual Information:

First and Last Name (print) \_\_\_\_\_  
Company Name \_\_\_\_\_  
Mailing Address  
(include City, State and Zip) \_\_\_\_\_  
Phone number (during work day) \_\_\_\_\_  
Email \_\_\_\_\_

### 2. Record Information.

Please provide as much information about the record you are requesting in order to ensure the correct document is provided.

**Record(s) Requested**  
Include: Project Description, Request for Proposal Number, or Contract Number (if applicable) \_\_\_\_\_  
**Month and Year record created** \_\_\_\_\_  
**Brief description of record and the request** \_\_\_\_\_

### 3. Type of Request

\_\_\_\_\_ Inspect Public Records during MARTA office hours (at a pre-arranged time).  
\_\_\_\_\_ Copies of Public Records.  
\_\_\_\_\_ Will pick up (must be person making request).  
\_\_\_\_\_ Send via mail to address listed above.

**4. Signature.** I am requesting the above listed public records be provided to me as indicated and agree to pay for copies requested. I understand that upon my request, MARTA will within ten business days, email me back as to the cost of the request (\$.25 per page copied plus postage/shipping fees) and will verify with me how the documents will be transmitted to the requestor (picked up or mailed). Payment for the request must be received by MARTA prior to copying and mailing the documents.

\_\_\_\_\_  
Name Title Date

#### FOR OFFICE USE ONLY

Document(s) reviewed immediately \_\_\_ Copies provided by  In person  Via mail Total # of pages \_\_\_ Total Cost \$ \_\_\_  
Comments: \_\_\_\_\_