

**SANTA CRUZ METROPOLITAN TRANSIT DISTRICT**

**PUBLIC RECORDS REQUEST**

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

To: Santa Cruz METRO

From: \_\_\_\_\_

**ACTION**

The record(s) listed below or named in the attached document have been requested under the California Public Records Act.

**RECORDS REQUESTED:** (if extra space needed, please provide in attachment)  
Please be as specific as possible. If the request is ambiguous, Santa Cruz METRO may ask you to be more specific.

---

---

---

---

---

---

---

---

Please deliver copies of the record(s) and/or materials requested to Requestor at the following address:

Name of individual and/or Company: \_\_\_\_\_

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

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

Please indicate if you prefer to receive the document electronically, if available.

Hard copies are charged at the rate of \$.10 per page. If mailing records, Santa Cruz METRO will advise all copying and postage costs and will require payment for such costs before records are provided.

Santa Cruz METRO will only provide existing documents, and is not responsible for creating new documents, such as summaries or lists.