



# PUBLIC RECORDS REQUEST

This form is used for Public Records Requests pursuant to the California Public Records Act, Govt. Code Section 6250. Requests for public records may be submitted using this form, in person, mail, fax, or e-mail at RMC@Metro.net. Refer to back of this form for instructions and costs.

## Requester's Contact Information

Name:		Company Name (optional):	
Address:		City:	Zip:
Phone:	Email:		

## Records Requested

Video Request

Date of Incident:	Time of Incident (i.e.: 1pm-1:30pm):	Bus / Station / Train & Car #:
Line #:	Cross Streets:	Direction of Travel (N, S, E, W):
Brief Description:		

Other Request

Description of Request:

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

## For Department Use Only

NAME: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ TIME RECEIVED: \_\_\_\_\_

Records Management/Employee Responding  WRITTEN REQUEST  ORAL REQUEST  
\*(If an oral request, please document the conversation, including the date and time, and attach it to the form.)

## **INSTRUCTIONS FOR REQUESTING RECORDS**

This form must be used to submit records requests to Los Angeles Metropolitan Transportation Authority (LACMTA) Records Management Center. Your request must reasonably describe identifiable records prepared, owned or retained by MTA.

The form must be completely filled out and signed. Remit the signed form to the LACMTA Records Management Center located at One Gateway Plaza Mail Stop: 99-PL-5 Los Angeles, CA 90012 between 8:00 AM -4:00 PM, or by mail, fax or electronically.

Fax #: 213-922-2389

E-mail: [RMC@metro.net](mailto:RMC@metro.net)

California Public Records Act States in Govt. Code 6253 (c) "Each agency, upon a request for a copy of records, shall, within 10 days from receipt of the request, determine whether request, in whole or in part, seeks copies of disclosable public records in the possession of the agency and shall promptly notify the person making the request of the determination and the reasons therefore."

You will be charged the direct cost of duplication for any documents requested over ten (10) copies. For large records requests, documents will not be copied until 50% of the payment has been received. The fees for duplication of records are outlined on this form. We will notify you of any special charges, special service charges or other additional charges authorized by State law or regulation before processing your request. Payment shall be made by check, cash or money order payable to LACMTA.

### **RECORDS DUPLICATION COST**

**The requester should pay the appropriate fee, if any, directly to the Records Management Information Coordinator. Records will only be released upon proof of receipt of payment.**

<b>DESCRIPTION OF PUBLIC RECORDS</b>	<b>\$ COST PER UNIT</b>
Letter Size 8.5 "X 11"	.10 Per Copy
11" x 17"	.10 Per Copy
Color Copies 8.5" X 11"	.50 Per Copy
Color Copies 11" X 17"	1.00 Per Copy
Oversize Documents 22 x 34	.98 Per Copy
Cassettes Duplication	3.00 Per Cassette
CD/DVD	5.00 Per Disk
Special Processing Time (Depending on request)	TBD
Postage Charges (Depending on quantity shipped)	TBD