Public Records Request Form

How would you like to receive your records? If comfortable, please provide appropriate contact information so we may reach you when your request is complete.

- O US Mail: (address)
- O Email: (address)
- O Call when ready: (Phone number)
- O Text when ready: (Textable number)
- O Pick up from JTA (Please allow one week for completion and call in advance for verification of completion of request: (904) 630-3181.)

| Would you like to | give us your | name? (optional) | 0 | Yes | 0 | No |
|-------------------|--------------|-------------------------|---|-----|---|----|
| | | | | | | |

First Name:

Last Name:

Today's Date:

Date range of the records request (e.g. from 1/1/12 – 6/30/12):

Please provide a description of the record(s) being requested (provide as much detail as possible)

This form may be sent to **publicrecords@jtafla.com** or mailed to the administration office at:

Jacksonville Transportation Authority ATTN: Records Custodian 100 LaVilla Center Drive Jacksonville, Florida 32204

Please note that there may be an administrative charge for public records. If so, you will be contacted via the method listed above prior to record distribution.