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Access to Documents and Records Form

Please complete and send to SJTPO by email (info@sjtpo.org), U.S. Mail, or fax

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Name of Requester (Required): _____

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Records Requested: *Please provide as much specific detail as possible so that SJTPO can identify the information. Please use additional sheets if necessary.*

Do you want to be notified in advance if the cost exceeds $10.00? ☐ Yes ☐ No

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Date Received by: _____

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Executive Director Signature: _____