

# Travel Information Council - Public Records Request

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Requestor Name: \*

Organization:

Address: \*

Address 2:

City, State, Zip: \*

Phone: \*

Email:\*

Describe Your Request:

If you're seeking a fee waiver or reduction, please fill out this form. (PDF)

Please choose one option:

I would like to inspect the records.

I would like electronic copies of records.

I would like paper copies of records mailed to me.

You may submit a public records request to the Travel Information Council by email, mail or fax to:

Email: [deeh@oregontic.com](mailto:deeh@oregontic.com)

Mail: Dee Hart, Reason: Public Records Request TIC, 1500 Liberty St. SE, Suite 150, Salem, OR 97302

Fax: 503-378-6282