

**Spokane Regional Transportation Council
Travel Demand Model Data Request Form**

Files or data requested: _____

Purpose for the files/data requested (include Project Title): _____

Requestor Information*

Name: _____

Position: _____

Agency/Organization: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

** If the requestor is not a member agency of SRTC, a note of concurrence with this request by a member agency is required (email is acceptable).*

Return this form to:
SRTC
421 W Riverside Ave, Suite 500
Spokane WA 99201
(509) 343-6370
contact.srtc@srtc.org

