

GRANT COUNTY PUBLIC HOSPITAL DISTRICT NO. 1
 ADMINISTRATION OFFICE, 2000 S. Clover Dr., Moses Lake, WA 98837

Request for Public Records

Name of Person Requesting Records: _____

Mailing Address: _____ City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Describe the public records that you are requesting access to. Be as specific as possible, including document series, titles, dates and other identifiers.

Description of records:

Please specify how you would like to receive these records:

U.S. Mail Fax Email (if available in electronic form) Pick up by _____
 (Name)

Please allow 5 business days for a response to your request per RCW 42.56.520. Requester agrees to pay all copy charges (if applicable) per RCW 42.56.120.

Fee for Electronic Copies: \$0.10/per page for records scanned into an electronic format or for the use of agency equipment to scan the records. *This fee may be waived if the record already exists in electronic format.* Responses that include records in excess of ten (10) pages also incur an additional fee of \$0.05/per four files attached to email, uploaded to data storage or provided via other means of electronic delivery.

Fee for Printed Copies: \$0.15/per page + postage. Records will be mailed via the United States Postal Services, Return Receipt.

Requester certifies the information obtained through this request will not be used for commercial purposes. RCW 42.56.070(8).

Requestor Signature _____ Date _____

Please turn in request at the information desk in the hospital lobby or via email to: pr@samartanhealthcare.com

OFFICAL USE ONLY

Date Received: _____ Received by: _____

- No responsive record was located.
- The record is exempt from disclosure pursuant to RCW _____ (attach exemption log)
- Portions of the record are exempt from disclosure and have been redacted pursuant to RCW _____
- 5 day response Date _____
- Fees Due \$ _____ (attach copy of invoice) Payment received

Completed by: _____ Date: _____

Records were: Mailed Faxed Emailed Hand Delivered to _____