

For details, please refer to 851-9092 Request for Access to Public Records Policy

REQUEST FOR PUBLIC RECORDS

Name of Requestor: _____ Date: _____
 Address: _____ Daytime Phone: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____

Record(s) Requested - Please be as specific and detailed as possible in your description. Failure to provide sufficient information to identify the record(s) may cause delays in satisfying your request:

Method of Receipt -

Appointment to review record(s) before copying (between the hours of 8:00 am – 5:00 pm)

Photocopied 8½x11 via mail or ; personal pick-up
 Amount of associated fees due will be provided to the requestor prior to generating record(s).

Electronic Record(s) on CD via mail or ; personal pick-up
 Amount of associated fees due will be provided to the requestor prior to generating record(s). At the discretion of the District, electronic records may be provided via email as a PDF, after statement of associated risk is signed by requestor.

PLEASE READ CAREFULLY AND ACKNOWLEDGE UPON SUBMITTING REQUEST

The District will respond within five business days of receiving your public records request by: (1) providing the record; (2) acknowledging receipt of the request and providing a reasonable estimate of the time the District will be required to respond; or (3) denying the request.

By checking the boxes and signing below, I acknowledge that:

Upon receiving the Records Request the District may ask for clarifying information in order to produce responsive records.

I may be charged as outlined in 851-9092 Request for Access to Public Records Policy.

I hereby declare, under penalty of perjury under the laws of the State of Washington, that if I have requested a list of individuals from Garfield County Public Hospital District No.1, the information obtained through this request will not be used of commercial purposes. Signature of declaration Regarding Commercial Purposes will be required.

IN PERSON INSPECTION AND / OR RECEIPT OF RECORDS

Request Satisfied (sign): _____ Date: _____
 Printed Name: _____ Fee(s): _____

This completed form is a public record and may be released to any requestor or when providing third party notice.

Print Form, sign, scan / email, mail, or bring to: