

**GRANT COUNTY PUBLIC HOSPITAL DISTRICT NO. 1**  
ADMINISTRATION OFFICE, 801 E. Wheeler Road, 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: [prr@samaritanhealthcare.com](mailto:prr@samaritanhealthcare.com)

OFFICIAL 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 \_\_\_\_\_