

# Grays Harbor Public Hospital District No. 2

For details, please refer to PHD2 A113 Public Records Request Policy & Procedures

## 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:

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**Method of Receipt -**

- Appointment to review record(s) before copying (between the hours of 8:00a – 5:00p)
- 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 PHD2 113 Public Records Request Policy & Procedures.
- 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 Public Hospital District No. 2, the information obtained through this request will not be used of commercial purposes. Signature of declaration Regarding Commercial Purposes will be required.

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### IN PERSON INSPECTION AND / OR RECEIPT OF RECORDS (if applicable)

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:**

Office of the Public Records Officer · Jason Halstead · 915 Anderson Drive · Aberdeen, WA 98520 · (360) 537-5126 · [jhalstead@ghcares.org](mailto:jhalstead@ghcares.org)  
A113 Public Records Policy ATTACH 2