PUBLIC RECORDS REQUEST

Olympic Medical Center
939 Caroline St. ● Port Angeles, WA 98362 ● (360) 417-7340
Fax: (360) 417-7333

REQUESTOR INFORMATION:

Requestor Name (printed):______________________________________

Address:____

City:_____________________________________ State:_______ Zip Code:__________________

Phone #:______________________________ Email:_____________________________________

PUBLIC RECORDS INFORMATION:

Please provide as many details as possible, including the applicable date/range of requested records. This will assist us in identifying the records responsive to your request.

Dates of Record(s):____

Title of Record(s) [if known]:____

Other:____

Description of Record(s):____

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PREFERRED METHOD OF RECEIPT:

❑ In Person ❑ Mailed (Postage and shipping charges will apply)

PREFERRED FORMAT & FEES:

❑ **Inspection Only**	I will make an appointment to review the records indicated above at no charge.
❑ **Paper**	$0.15 per page for standard black-and-white copies. Actual cost of copying any non-standard size copies. Cost of taxes charged by any third-party vendor used to make copies. Postage and shipping if requested.
❑ **Electronic**	$1.00 per CD; $0.10 per page for scanned copies (paper to PDF) in addition to CD costs. Customized electronic data will have a fee respective of $33.00 per hour of specialized staff time to perform additional programming functions, plus the cost per page or per CD. Postage and shipping if requested.

Washington State Law prohibits agencies from providing lists of individuals when requested for commercial purposes. By signing below, I certify that 1) I will pay the charges/fees associated with responding to my request and 2) any lists of individuals obtained through this request for public records will not be used for commercial purposes, per RCW 42.56.070(9).

__________ ____________________________ ______________________

Date Name (please print) Signature

FOR FACILITY USE ONLY

Date Received:____________ Date Information Released:____________ # of Copies Provided:______

Request Completed By: ____ Fee: **$**_______________

❑ Mailed ❑ Picked Up By: ____________________ ❑ Other:_______________________________