



**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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.**

\_\_\_\_\_ 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: \_\_\_\_\_