



STILLY VALLEY HEALTH CONNECTIONS

PUBLIC RECORDS REQUEST			DATE
NAME OF REQUESTOR AND FIRM/ORGANIZATION (if applicable)			
ADDRESS-STREET	CITY	STATE	ZIP
TELEPHONE NUMBER (Business, Cell, etc.)		EMAIL	
IDENTIFY IN DETAIL THE RECORDS/DOCUMENTS THAT YOU ARE REQUESTING: (Use additional pages if necessary)			

MAIL OR EMAIL YOUR REQUEST TO:

Stilly Valley Health Connections
 Attn: Public Records Officer
 3405 173rd Place NE
 Arlington, WA 98223

PHONE NUMBER (360) 386-9918
 EMAIL info@stillyvalleyhealth.org

PLEASE NOTE:

There is no charge associated with requests totaling less than \$5.00. Payment for any charges will be due prior to providing the documents.

We calculate the actual copying costs based on the following fees and notify you of the estimated total charge after the requested records are identified.

*Visual inspections of public records are free of charge. If electronic records already exist, they are free of charge.

Copying Fees:

- \$0.10 each single-sided, letter or legal-sized documents
- At Cost 11"X17" size, maps, color copies, computer disks, binders, etc.
- At Cost postage charges for mailing of requested materials

RCW 42.56.520 requires that we respond to the Request of Public Records within five business days of receipt of the request by providing one of the following: (1) the record(s) or a link to our website where records may be found; or (2) acknowledgment of the request and a reasonable estimate of when we can respond; or (3) a response asking for clarification; or (4) a denial of the request which states the reasons for denial.

 Signature of Requestor

 Date