



# 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 <b>DETAIL</b> THE RECORDS/DOCUMENTS THAT YOU ARE REQUESTING: (Use additional pages if necessary)				

<b>MAIL OR EMAIL YOUR REQUEST TO:</b>	
Stilly Valley Health Connections Attn: Public Records Officer 3405 173 <sup>rd</sup> 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

\* Visual inspections of records will be monitored by a Stilly Valley Health Connections staff member