

**Request for Public Records of
Lewis County Hospital District No. 1
Morton General Hospital**
(Please Print)



Date: _____

Name Requestor: _____

Mailing Address: _____

Email: _____

Records Requested: Please describe the SPECIFIC records you are requesting and any additional information that will help us locate said records (dates, names, etc.).

No fee shall be charged for the inspection of Public Records. The fee schedule below does not apply to individual Protected Health Information. The fee schedule is as follows:

1. Fifteen cents (\$0.15) per page for standard black-and-white copies.
2. The actual cost incurred for copying for any non-standard size copies.
3. One dollar (\$1.00) per CD for electronic copies.
4. Fifteen cents (\$0.15) per page for scanned copies (paper to pdf).
5. Customized access to electronic data will have a fee respective to \$33.00/hour of specialized staff time to perform the additional programming functions.
6. The actual cost of taxes incurred by any third-party vendor used to make copies.
7. The actual postage and shipping costs.

RCW42.17.320 provides that a response to a request for public records must be made within five business days by either (1) providing the record, (2) acknowledging receipt of the record and providing a reasonable estimate of the time in which a response will be made, or (3) denying the request. Additional response time beyond five days may be based upon a need to clarify the request, to locate and assemble the records requested, to notify people and agencies affected by the request, or to determine whether any of the requested records are exempt from disclosure as defined in RCW 42.17.310(1). The following days are exempt as one of the five days in computing response times: the day the request is received, Saturday, Sunday and holidays.

Please return the completed form to the Public Records Officer in the Administrative Office via e-mail to sgarcia@mortongeneral.org or via fax at (360) 496-3511.

Signature: _____

Date: _____

Complete when information is received/Mailed:

Signature of Requestor-if in person

Date requested information received or mailed