Columbia County Health System		
Administration		Ref. No.: 1256
Effective Date: 03/06/2025		Subject
Approval: Matt Minor (CFO), Shane McGuire (CEO)		***Public Records Request Form***
		☐ **Policy** ☒ **Procedure** ☐ **Protocol**

Public Records Request

Requestor Information:

Date and Time of Request: _____

Name: _____

Address:_____

Daytime Phone: _____ **Cell Phone:** _____

Email Address: _____

Requested Information:

Title of Record(s) (if known): _____

Date of Record(s) (if known): _____

Location of Record (Department, if known): _____

Please describe the records you are requesting and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide information sufficient to identify the records may cause delay.

_____

_____

_____

_____

_____

Format for Records produced by CCHS (Please see CCHS's Public Records Act and Electronic Records Policies for a more complete description of the process of inspection of records and the cost/payment for producing records):

☐ **I wish to make an appointment to review the records indicated above before copies are made.**

☐ **I wish to have copies/duplicates of the records indicated above. I understand there is a fee of ($10.00) ten dollars per request and a charge of twenty-five cents ($0.25) per page that will be charged for duplication of these specific records. I agree to prepay all charges associated with my request.**

☐ **I wish to have Electronic Copies of the records indicated above. I understand there is a charge associated with my request for electronic copies: one dollar ($1.00) per CD; scanned from paper to .pdf charge of ten cents ($0.10) per page plus one dollar ($1.00) per CD. I understand there may be a fee when records are**

For Staff Use Only:

Date Received:	**Comments:**
Request Denied: Yes No	**Copies Provided: Yes No Fee: $ Total: $**
Date Completed:	**Request Completed By:**

Columbia County HEALTH SYSTEM

directly converted from their native format to .pdf without printing charged: five cents ($0.05) per page, plus ($1.00) one dollar per CD. I also understand that there may be a fee of fifteen dollars ($15.00/hr) per hour for the cost of IT staff if a request involves customizing access.

Method by which I would like to receive the information I have requested:

- ☐ **Mailed to me. I understand there is a charge associated with mailing my request to me.**
- ☐ **Call me and I will pick up in person**
- ☐ **E-mailed to me (If files are too large to e-mail, CCHS will contact you to make other arrangements.)**

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(8).

Signature **Date**