

**Lincoln County Public Hospital District No. 1
d.b.a. Odessa Memorial Healthcare Center**

POLICY/PROCEDURE

Department: Administration
Title: Public Records Requests ~ Form
Original Date: January 2010

Odessa Memorial Healthcare Center
PUBLIC RECORDS REQUEST

It is the policy of Lincoln County Public Hospital District No. 1 to release records of the District in compliance with the Public Records Act, set forth at RCW 42.56, and any other applicable provisions of federal or state law. The District will acknowledge the request within five business days and give a reasonable estimate of time of availability of requested information.

All requests for public records must include the name, address and telephone number of the requester and information necessary to readily identify the public records requested. If you are uncertain about details or cost of the public record you are interested in please contact the Odessa Memorial Healthcare Center's Public Records Officer: Alyssa Oestreich at 509-982-2611 ext: 193

Name: _____

Address: _____

E-mail: _____

Telephone: _____

Date of request: _____

_____ I am requesting to review the following Public Records (please describe specifically what information you wish to review)

_____ I am requesting copies of the following Public Records. I understand there is a fee for copies of records and that the fee must be paid prior to my receiving the requested information.

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Fees for Copies of records

In accordance with RCW 46.52.085 OMHC has a fee schedule for copies of requested public records.

Copies of printed public records are available at a charge of \$.15 per page.

Copies of public records on computer diskette are available at a charge of \$5.00 per diskette.

Copies of public records on audiotape are available at a charge of \$5.00 per tape.

All requests for copies of public records shall be accompanied by payment. If there is uncertainty about the amount required the payment accompanying the request should be \$5.00.

In the event the amount paid exceeds the costs for the copies the excess balance is refunded at the time of delivery of the copies. In the event that the cost for the copies exceeds \$5.00 the person submitting the request shall pay the balance before the copies are released. If the person submitting the request asks that the copies be mailed the shipping charges shall be determined and added to and the balance. The balance must be paid prior to shipping.

Please return this form by mail, or in person to:

Alyssa Oestreich
P.O. Box 368
Odessa, WA 99159

Below is for Facility Use Only

Date request received: _____

Records exist ___yes ___no

Initial response date: _____

Date records released: _____

Fee's received date: _____ Total Amount: _____
