

VASHON ISLAND HEALTH CARE DISTRICT

PUBLIC RECORDS REQUEST FORM

Requester's Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Describe the records you are requesting and provide any additional information to help locate the records, such as author, recipient, title, and pertinent dates. Attach additional pages if necessary:

After requested records are retrieved, I would like to:

- Inspect the records (no charge)
- Pickup hard copies
- Receive hard copies via mail
- Receive electronic copies via email; or
- Other (specify: _____)

I understand that there will be a fee for records delivered to me. See the fee schedule posted on the Documents page titled "Public Records Fee Schedule".

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the state of Washington that the information obtained through this request will not be used for commercial purposes.

_____ Signature

_____ Date

