



Forks Community Hospital

"Pioneers in Rural Health Care"

REQUEST FOR PUBLIC RECORD

DATE

NAME			
FIRM/ORGANIZATION			
ADDRESS-STREET	CITY	STATE	ZIP
TELEPHONE NUMBER <small>(Business, Home, etc.)</small>	EMAIL		
IDENTIFY IN DETAIL THE RECORDS/DOCUMENTS THAT YOU ARE REQUESTING: (Use additional pages if necessary)			

MAIL/FAX/EMAIL YOUR REQUEST TO:	
Forks Community Hospital	PHONE NUMBER: 360-374-6271
Attn: Public Records Officer	FAX NUMBER: 360-374-5220
530 Bogachiel Way	EMAIL: lacijo@forkshospital.org
Forks, WA 98331	

PLEASE NOTE:

There is no charge associated with requests of less than 40 pages of records.

If the volume of records exceeds the minimum number of pages, it is the policy of the Department to receive all costs associated with a public disclosure request prior to providing the documents.

We calculate the actual copying costs based on the following charges and notify you of the total after the requested records are identified.

Copying Fees: \$0.25 each letter and legal sized documents (Pursuant to WAC 332-10-170)