



345 6<sup>th</sup> Street, Suite 300  
 Bremerton, WA 98337-1866

## Request for Public Records

Requestor Name	Phone Number	Today's Date
Mailing Address	City	State      Zip Code
E-mail Address		
Title of Record(s) (be as specific as possible)	Description of Record(s) (be as specific as possible)	Date(s) of Record(s) (if known)

*NOTE: Washington State law prohibits the Health District from providing a list of individuals for a commercial use.*

**Request photocopies of the records?**  
  
*There is a charge for photocopies that must be paid before the copies are released.  
 If records to be picked up, must be picked up within 30 days of notification of availability.*

***Or***

**Request to inspect the records at the District's offices?**  
  
*Records must be inspected within 30 days of notification of availability.*

Signature of Requestor	Date/Time of Request
------------------------	----------------------

**FOR HEALTH DISTRICT USE ONLY**

**ACTION ON REQUESTS FOR PUBLIC RECORDS MUST BE TAKEN  
WITHIN FIVE (5) BUSINESS DAYS (SEE R.C.W. 42.17.320)**

**1. Request received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2. Action taken:**

- Request granted.
- Acknowledgment of receipt of request.
- Estimated response date provided.
- Request denied.
- Record withheld in part.

Need for additional time. How long? \_\_\_\_\_

**3. Notification to requestor of action taken:** Date of notification: \_\_\_\_\_  
Date of notification (additional time needed): \_\_\_\_\_  
Date of notification (additional time needed): \_\_\_\_\_

**4. Request forwarded to prosecuting attorney for review:**  Yes Date forwarded: \_\_\_\_\_  
 No

**5. If additional time needed, explain why:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. If request denied or record withheld in part, name the exemption contained in Chapter 42.56 that authorizes withholding or denial:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. If request denied or record withheld in part, explain how the exemption applies to this record:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCUMENTS PROVIDED:**

Date: \_\_\_\_\_

- Mailed
- E-mailed
- Faxed
- Picked Up

**Number of pages provided:** \_\_\_\_\_

Standard copy charge @ \$0.15 per page: \$ \_\_\_\_\_

Other copy charges (see current Fee Schedule): \$ \_\_\_\_\_

Postage: \$ \_\_\_\_\_

**TOTAL FEES DUE:** \$ \_\_\_\_\_