



PUBLIC RECORDS REQUEST FORM

REQUEST FOR PUBLIC RECORDS

Please mail request to **PO Box 433, Quilcene, WA 98376** or e-mail to **districtsecretary@qfr2.org**

1. Date of Request: _____ Form completed by PRO as PRR Cover Sheet

2. Identification of records requested: *A public records request must be for identifiable records. A request for all or substantially all records prepared, owned, used, or retained by an agency is not a valid request for identifiable records under Washington's Public Records Act, Ch. 42.56 RCW.*

Disclosure of protected healthcare information and/or Patient Care Report requires a signed Medical Release Form

3. Where do the records need to go?

Name of the Individual or Agency Requesting the Records Phone Number

Mailing address

City State Zip Code

Email address Fax number

4. How would you like to receive the records? (choose one)

- Mail** I want the records to be mailed to the above address
- Email** I want the records to be emailed to the above email address
- Fax** I want the records to be faxed to the above fax number
- In Person** I want to pickup a copy of the records (or) inspect the records

NOTICE: Fees may apply for copying or scanning public records pursuant to Washington's Public Records Act, Ch. 42.56 RCW.

OFFICE USE ONLY

Received via: _____ **Date:** Received: _____ Completed: _____

- Identifiable Records:** Provided
- Provided In Part _____
- Withheld _____
- Not Maintained by Agency _____
- Not Found _____

Signature of Public Records Officer (PRO) Print the name of who signed. Date