

HEALTH COMMISSION SERVING SOUTH SNOHOMISH COUNTY	PUBLIC RECORDS REQUEST		DATE		
NAME OF REQUESTOR AND FIRM	/ORGANIZATION (if applicable)		•		
ADDRESS-STREET	CIT	TY		STATE	ZIP
TELEPHONE NUMBER (Business, Cell,	etc.) EN	ΛAIL		•	- 1
IDENTIFY IN DETAIL THE RECORDS	S/DOCUMENTS THAT YOU ARE REQUES	STING: (Use addition	al pages if	necessary)	

MAIL, FAX OR EMAIL YOUR REQUEST TO:

Verdant Health Commission Attn: Public Records Administrator 4710 196th Street SW Lynnwood, WA 98036 PHONE NUMBER 425-582-8600 FAX NUMBER 425-582-8527 EMAIL <u>info@verdanthealth.org</u>

PLEASE NOTE:

There is no charge associated with requests totaling less than \$5.00. Payment for any charges will be due prior to providing the documents.

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

*Visual inspections of public records are free of charge. If electronic records already exist, they are free of charge.

Copying Fees:

\$0.15 each single-sided, letter or legal-sized documents

At Cost 11"X17" size, maps, color copies, computer disks, binders, etc.

At Cost postage charges for mailing of requested materials

RCW 42.56.520 requires that we respond to the Request of Public Records within five business days of receipt of the request by providing one of the following: (1) the record(s) or a link to our website where records may be found; or (2) acknowledgment of the request and a reasonable estimate of when we can respond; or (3) a response asking for clarification; or (4) a denial of the request which states the reasons for denial.

Signature of Requestor	Date	

^{*} Visual inspections of records will be monitored by a Verdant staff member