Request for Public Records

This form is available, but not required to request public records from the Pacific Hospital Preservation and Development Authority (PHPDA). Please submit completed forms to the current PHPDA Public Records Officer in-person, by email (publicrecordsrequests@phpda.org) or mail to the address above. Visit www.phpda.org for readily available records such as meeting minutes and grants information.

Name: ___________________________ Date: __/__/____

Phone: (___) -____ Email: ____________________________

Mailing Address: ____________________________

Description of Records:

Describe the records you are requesting and provide any additional information to help identify, locate, and prepare the records (e.g. author, recipient, title, and pertinent dates). Attach additional pages if necessary.

Method of Delivery:

After requested records are retrieved, I would like to…

☐ Inspect the records at the PHPDA office
☐ Pick up hard copies in person
☐ Receive electronic copies via email or other
☐ Receive hard copies by mail

Within five (5) business days of receiving the request, the PHPDA will respond in one of the following ways: make the requested record(s) available by fulfilling the request; provide an internet address or link to the records on our website; make a portion of the records available in installments as they are assembled; ask for clarification; acknowledge the request and provide reasonable estimated time or extension needed to respond; or deny the request (RCW 42.56.520).

I understand that a reasonable charge may be imposed for providing copies of public records. No fee shall be charged for the inspection of public records. No fee shall be charged for locating public documents and making them available for copying. The PHPDA has adopted the charges set forth in RCW 42.56.120 for providing records. The PHPDA will assess charges consistent with the provisions of that statute.

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: ____________________________

FOR USE BY PUBLIC RECORDS OFFICER

Request Received: ____________________________
Five-Day Notice Sent: ____________________________
Assembly Process Started: ____________________________
Response Completed: ____________________________
If Applicable, First Installment: ____________________________
Other Installments: ____________________________

If exemptions are claimed, complete and attach Exemption Log.

Pacific Hospital Preservation and Development Authority
Request for Public Records Form | December 2022