



W A S H I N G T O N

HEALTH CARE FACILITIES

A U T H O R I T Y

Financing the Health Care Future

Request for Public Records Form

The Authority reserves the right to determine that a requested public record is exempt from disclosure under the provisions of Public Records Act at RCW 42.56. In addition, the Authority reserves the right to redact identifying details when, by making available public records, there could be an invasion of personal privacy protected by RCW 42.56.

USING THIS FORM. Use this form only for making formal requests of Public Records to the Washington Health Care Facilities Authority under the Public Records Act at RCW 42.56. If you seek records from another public agency, contact that public agency. If you seek other information from the Authority that is not a Request for Public Records, contact the Authority. Completed Request for Public Records forms and other public records requests are open to the public.

WEBSITE. You are strongly urge to view the Authority’s [website](#) before submitting a formal Request for Public Records. The Authority has posted many records and other information on its website which you can copy and download. There is no charge for inspecting records on the website.

CHARGES. Charges may apply for providing records. A money order or check (no cash) must be utilized for payment when applicable. See [Public Records Fee Schedule](#) for fee details.

PUBLIC RECORDS OFFICER. The Authority’s Public Records Officer can be reached at (360) 753-6185, Monday-Friday, 8:00 am – 5:00 pm., closed on state holidays.

Complete the following:

Name: _____

Phone: _____

Address: _____

Email: _____

Company Name: _____

Record(s) Requested [Review Copy]: _____

(Describe the public records you are requesting. Provide as much details as possible – *this will assist the Authority in searching for records.*)

I, _____, understand and certify that if the above requested information contains lists of individuals, said information will **not** be used for commercial purposes.

Signature: _____

Date: _____

Mail, deliver, or fax to:

Washington Health Care Facilities Authority
410 11th Avenue S.E., Suite 201
Olympia, WA 98501
Attention: Public Records Officer
Fax: (360) 586-9168

Email to:

whcfarecords@whcfa.wa.gov
Attention: Public Records Officer

For Authority Use Only:

Date Received: _____

Date of Final Response: _____

Amount received for copies or electronic distribution: \$ _____

Check # _____

Money Order # _____

Records Officer: _____