



Mason Health
Mason General Hospital • Mason Clinic

REQUEST FOR PUBLIC RECORD

			DATE
NAME			
FIRM/ORGANIZATION			
ADDRESS-STREET	CITY	STATE	ZIP
TELEPHONE NUMBER (Business, Home, etc.)	EMAIL		
IDENTIFY IN DETAIL THE RECORDS/DOCUMENTS THAT YOU ARE REQUESTING: (Use additional pages if necessary)			

MAIL/FAX/EMAIL YOUR REQUEST TO:	
Mason Health	PHONE NUMBER 360-427-9551
Attn: Public Records Officer	FAX NUMBER 360-427-1921
PO Box 1668	EMAIL sdunnington@masongeneral.com
Shelton, WA 98584	

PLEASE NOTE:

There is no charge associated with requests of less than 40 pages of records.

If the volume of records exceeds the minimum number of pages, it is the policy of the Department to receive all costs associated with a public disclosure request prior to providing the documents.

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

Copying Fees:

\$0.15 each letter and legal sized documents
(Pursuant to WAC 332-10-170)