



GRANT COUNTY HEALTH DISTRICT

1038 West Ivy, Suite 1
Moses Lake, WA 98837

REQUEST FOR PUBLIC RECORDS ACCESS

Please complete this form, providing as much detail as possible, and return to the address above. Describe the specific record(s) you are requesting and any additional information that may help us locate the record(s), such as related dates or names. Please indicate if you wish any record(s) to be copied, otherwise we will make documents available for your review.

Requestor's Name/Agency: Lee O'Connor

Mailing Address: _____

Contact Phone #: _____ Fax Number: _____

DESCRIPTION OF RECORDS REQUESTED:

COPIES REQUESTED: YES : ☒ NO ☐

Pursuant to the WA Public Records Act, I hereby request the following records: Reports, documents, or photos held by Grant County Health District related to abandoned Titan I missile bases in central Washington: 1. SITE "B" WARDEN, City: Warden, County: Grant County. 2. SITE "C" ROYAL CITY, City: Royal City, County: Grant County. The requested documents will be made available to the general public, and this request is not being made for commercial purposes. In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not. Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 5 business days, as the statute requires. **I hereby certify that if a list of individuals is obtained through this request for public records that it will not be used for commercial purposes, as Washington State law prohibits use of information for these purposes. I agree to pay any fees as imposed for copies, staff time making copies, and extensive postage or delivery expenses.**

Signature: [Signed] Lee O'Connor Date: 5/31/2018

FOR AGENCY USE Below

Received By:	Forwarded To and Received By:	Comments (please initial):	Request Completed By:
Date:	Date:		Date:

