



Public Records Request Form

Date: _____

I am requesting Memorial Hospital of Sweetwater County provide the following information in accordance with Wyoming State Statue § 16-4-204(e):

PART I: I hereby request to: Inspect Copy the following records (fee required):

(please be specific and include names, dates, keywords and the name of the record) Attach additional sheet if necessary.

PART II: If the request is for Copy, what document format do you request? Paper Electronic

If paper format what delivery method do you request? Pick up US Mail Fax

If electronic format what delivery method do you request? Email Disk

Name of individual requesting information:
Mailing Address (required if US mail delivery is requested):
Phone Number (optional):
Fax Number (required if fax delivery is requested):
Email Address (required if email delivery is requested):

Document Costs:

\$0.50 per page for document requests readily retrievable and not exceeding a maximum of 50 pages in total.

\$0.50 per page plus an hourly rate of \$31.75 per hour for document requests exceeding 50 pages in total.

Retrieval fee of \$30.00 for any documents stored off site or archived in any format.

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