



HUMBOLDT GENERAL HOSPITAL

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Public Records Request

Humboldt County Hospital District | Humboldt General Hospital

Date Request Received: _____ Time: _____

Contact Information (the following information is for tracking and response purposes):

Name: _____

Company Affiliation (if applicable): _____

Contact Address: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____

Description of Records: _____

Dates of Records: _____

PENALTY FOR REMOVING, INJURING, OR CONCEALING PUBLIC RECORDS AND DOCUMENTS NRS 239.310 A PERSON WHO WILLFULLY AND UNLAWFULLY REMOVES, ALTERS, MUTILATES, DESTROYS, CONCEALS OR OBLITERATES A RECORD, MAP, BOOK, PAPER, DOCUMENT OR OTHER THING FILED OR DEPOSITED IN A PUBLIC OFFICE, OR WITH ANY PUBLIC OFFICER, BY AUTHORITY OF LAW, IS GUILTY OF A CATEGORY C FELONY AND SHALL BE PUNISHED AS PROVIDED IN NRS 193.130.

For Office Use Only

Method of Response:

_____ 5-Day Letter / Awaiting Response Date: _____

_____ Mail Date: _____

_____ Fax Date: _____

_____ Email Date: _____

_____ CD Date: _____

Public Inspection: Yes _____ No _____

By Whom: _____ Date: _____

Amount of Fee Collected: _____

Notes: _____

Date Request File Closed: _____

By (Title): _____

www.hghospital.org/about-us/public-records-request/