LAKE CHELAN HEALTH

# REQUEST FOR PUBLIC RECORDS

Date: _____

First Name: _____ Middle In.: _____ Last Name: _____

Firm/Organization: _____Title: _____

Address: _____ City: _____ ST: _____ Zip: _____

Telephone Number: _____ Email: _____

**Identify in Detail** the records/documents that you are requesting (use additional pages if necessary)

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Signature: _____

**Mail/Fax/Email your request to**:

Lake Chelan Health
Attn: Public Records Officer
PO Box 908
Chelan, WA 98816
Fax: 509-682-3453
Email: gmcclellan@lcch.net

For questions, please contact Grace McClellan at 509-726-6025.

Please Note:

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

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