



**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](mailto:gmcclellan@lcch.net)

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

Fees for providing copies of records are as follows:

The standard copying fee is \$0.15 per black and white page.

Additional fees for providing copies of records are detailed in Lake Chelan Health's Public Records Policy.

We will calculate and notify you of the total after the requested records are identified.