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)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature: _____

Mail/Fax/Email your request to:

Lake Chelan Health
Attn: Public Records Officer
PO Box 908
Chelan, WA 98816
Fax: 509-682-2452
Email: admin@lcch.net

For questions, please contact Wendy Kenck at 509-682-8501

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.