

## **REQUEST FOR PUBLIC RECORDS**

irst Name:	Middle In.:	Last Name:		
irm/Organization:		Title:		
ddress:	Cit	y:	ST:	Zip:
elephone Number:	Er	nail:		
dentify in Detail the records/do	cuments that you are request	ing (use additional pa	ges if neces	ssary)
	,			

## 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 the Public Records Officer at 509-682-3300 Ext. 6395

Fees for providing copies of records are as follows:

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

Date:

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.