

LAKE CHELAN COMMUNITY HOSPITAL

REQUEST FOR PUBLIC RECORD

			DATE
NAME			
FIRM/ORGANIZATION			
ADDRESS-STREET	CITY	STATE	ZIP
TELEPHONE NUMBER <small>(Business, Home, etc.)</small>	EMAIL		
IDENTIFY IN <u>DETAIL</u> THE RECORDS/DOCUMENTS THAT YOU ARE REQUESTING: (Use additional pages if necessary)			

MAIL/FAX/EMAIL YOUR REQUEST TO: Lake Chelan Community Hospital Attn: Public Records Officer P.O. Box 908 Chelan, WA 98816	PHONE NUMBER 509-682-6137 FAX NUMBER 509-682-3453 EMAIL dcook@lcch.net
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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.

Copying Fees:
\$0.15 each