



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 Community Hospital
Attn: Public Records Officer
PO Box 908
Chelan, WA 98816
Fax: 509-682-3453
Email: kpina@lcch.net

For questions, please contact Kate Piña at 509-682-6137.

Please Note:

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