LAKE CHELAN COMMUNITY HOSPITAL & CLINICS

REQUEST FOR PUBLIC RECORDS

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

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

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