

**CHELAN DOUGLAS HEALTH DISTRICT
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

Requestor's Name: _____
Mailing Address: _____

Telephone Number: _____
Email Address: _____
Date and Time Request Received by CDHD: _____ (CDHD USE ONLY)

By filling out the below form, you are making a request for public records from the Chelan-Douglas Health District ("CDHD"). A public record is any record relating to the conduct of CDHD business which is created or retained by CDHD. CDHD is providing access to its public records in compliance with Washington State law, Chapter 42.56 RCW. In accordance with RCW 42.56.520, CDHD has five business days to respond to a request for public records. CDHD's five-day response will be sent to you following submittal of your request to the contact email address or mailing address identified above.

Please provide as much specificity as possible when making your request. If your request is too vague, a CDHD employee will contact you to request additional clarification. For questions please call 509-886-6400.

Please describe the SPECIFIC records you are requesting and any additional information that will help us locate said records (e.g. dates, names, etc.).

THE UNDERSIGNED REQUESTS THE FOLLOWING PUBLIC RECORD(S):

Preferred method to receive the requested records (select one):

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Email | <input type="checkbox"/> Inspect on-site | <input type="checkbox"/> Pick-up copies |
| <input type="checkbox"/> Fax copies | <input type="checkbox"/> Regular U.S mail | <input type="checkbox"/> Electronic via records center |

*There may be a fee associated with your request if the request requires physical copies to be made or mailing costs.

I understand that the use of public documents containing lists of individuals for commercial purposes violates Washington State law and the privacy rights of such individuals. "Commercial purposes" means that any list of individuals will be utilized to contact or affect such individuals to facilitate profit generation (in any way). By submitting this request, I agree not to use the above requested document(s) for commercial purposes and acknowledge a duty to prevent others from using such document(s) for commercial purposes.

Further, I understand that I will be charged in compliance with Washington State law for the actual costs (mailing, copying, etc.) incurred by the CDHD, if any, in producing the records requested.

Signature

Date