



Request for Public Records

Name of Requestor:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
Send Public Records by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email			

Request Information - Please describe in detail the type of records requested.

<input type="checkbox"/> Request to Review Records	<input type="checkbox"/> Request for Copies of Records (copy charges may apply)
Description of public records requested. Be specific and provide as much detail as possible; include specific dates or date ranges, document title, address or parcel number, file number, names associated with the request, key words, etc: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

By signing this form, I certify under penalty of perjury under the laws of the State of Washington that the information obtained through this request will not be used for commercial purposes.

Signature _____ Date

Submit by email to adminmail@netchd.org, or by mailing/submitted to any Northeast Tri County Health District office. For questions, call the District's Administrator (Public Records Officer) at 509-684-2262.

Internal Use Only		
Request forwarded to:	Division: Date received:	
Request processed by:	Date processed:	
<input type="checkbox"/> Request approved		
<input type="checkbox"/> Request approved with redactions: Reason:		
<input type="checkbox"/> Request denied. Reason:		
<input type="checkbox"/> Request not applicable. Reason:		
If approved:	Review – The following records were released for review: _____ _____ _____	Staff Time:
		PRO Time:
	Copies – We provided copies of the following records: _____ _____ _____	Invoice Amt.:
		Receipt No.:
<small>Form--- July 2018</small>		