



**Yakima Health District**  
1210 Ahtanum Ridge Drive  
Union Gap, Washington 98903  
Phone (509) 575-4040  
Fax (509) 575-7894  
<http://www.yakimapublichealth.org>

**REQUEST FOR PUBLIC RECORDS**  
(OTHER THAN PERSONAL MEDICAL RECORDS)

(Please Print)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

REQUEST MADE BY: ☐ In person ☐ Telephone ☐ electronic mail ☐ mail ☐ fax

HOW WOULD YOU PREFER TO BE CONTACTED AND/OR RECEIVE RECORDS?

☐ Mail/In Writing ☐ Telephone ☐ Electronic Mail ☐ Fax

**RECORDS REQUESTED:**

Please describe below the records you are requesting and any additional information that will help us locate the records for you as quickly as possible. Please include dates if known and parcel numbers, if applicable.

☐ Records immediately provided upon request by: \_\_\_\_\_

If I am requesting a list of individuals, I certify that the records listed above will not be used for commercial purposes.

I understand that if I request paper copies of records that I will be required to pay \$0.15 per page to obtain copies of the records, although I may review records at the Yakima Health District at no charge to me.

\_\_\_\_\_  
Signature of Applicant

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For YHD use only

Department Receiving Request: \_\_\_\_\_

Person Receiving Request: \_\_\_\_\_

Date Request Received: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Date Request Completed: \_\_\_\_\_