



Date:

ATTN: Public Records Officer
Oregon Health Authority
500 Summer Street NE, E20
Salem, OR 97301

RE: Request for Disclosure of Public Records

To Whom It May Concern:

I /we, _____ (*name*) request that the Oregon Health Authority and its employees make available for inspection or provide copies of the following records:

My contact information is:

Email: _____ Telephone: _____

Address: _____

- ☐ I wish to arrange to personally inspect the requested records.
- ☐ I wish to receive hard copies of the requested records.
- ☐ I wish to receive electronic copies of the requested records in the following format:
- ☐ Emailed PDF ☐ CD ☐ Other:

A cost estimate for these records can be sent to me by:

- ☐ Email ☐ Mail
- ☐ Other: