



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

REQUEST FOR PUBLIC RECORDS
(OTHER THAN PERSONAL MEDICAL RECORDS)

Please email completed forms to yhd@co.yakima.wa.us

(Please Print)

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

REQUEST MADE BY: [] In person [] Telephone [] E-Mail [] Mail

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

[] Mail/In Writing [] Telephone [] E-Mail

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.

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 \$0.25 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

For YHD use only

Department Receiving Request: _____
Person Receiving Request: _____
Date Request Received: _____

Number of Copies: _____
Total Cost: _____
Date Request Completed: _____

Records immediately provided upon request by: _____