



# Okanogan County Public Health

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<http://www.okanogancounty.org/ochd/index.htm>

## REQUEST FOR PUBLIC INFORMATION

The following information is required in order to process your request for public information. There may be a fee to provide this information. This information is optional unless this information will be used for commercial purposes.

### REQUESTED BY:

EMAIL: \_\_\_\_\_  
NAME: \_\_\_\_\_ FAX#: ( ) \_\_\_\_\_  
AGENCY/BUSINESS NAME: \_\_\_\_\_ PHONE#: ( ) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_ PROPERTY TAX PARCEL #  
(WHEN APPLICABLE): \_\_\_\_\_

Date information given: \_\_\_\_\_

Description of requested information (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you intend to use this information? (Optional unless information is to be used for commercial purposes)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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