REQUEST FOR PUBLIC INFORMATION

**All** emailed requests should be sent to: ocph@co.okanogan.wa.us **

REQUESTED BY:

NAME: ___________________________________________ EMAIL: ___________________________

AGENCY/BUSINESS NAME: ___________________________ FAX#: ( )

PHONE#: ( )

MAILING ADDRESS: ___________________________________________

CITY: ___________________________ STATE: ___________ ZIP CODE: ________________

DATE OF REQUEST: ________________ PROPERTY TAX PARCEL #: ________________

Description of requested information (be specific):

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Please fill in and sign your name below if applicable:

I, ___________________________, affirm under penalty of perjury that my request is not for commercial purposes. This is only required if the request includes a list of individuals. I understand the use of public records containing lists of individuals for a commercial purpose violates Washington State law and the privacy of the individuals. “Commercial purposes” means contacting or affecting such individuals to facilitate, in any manner, for a profit-making activity. A request for a list of individuals where this is not signed will be denied per RCW 42.56.070(8).

_________________________________________________________________________

SIGNATURE ___________________________ DATE ___________________________

(OKANOGAN COUNTY PUBLIC HEALTH USE ONLY)

Number of copies: ________ Records Copied: ________

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Section Supervisor Approval: ___________________________

Staff Signature: ___________________________ Date ___________________________

Last Revised: February 26, 2019