



Public Disclosure Request

I am requesting the following information from Kittitas Valley Healthcare (please be specific):

I would like to receive the information in this format (i.e., thumb drive, hard copy):

Requestor

Name: _____

Mailing Address: _____

Telephone: _____

Signature

Date

Witness Signature

Date

Please return this completed form to Kittitas Valley Healthcare, Attn: Justin M. Becker, Public Records Officer, at the address listed below.