



BENTON-FRANKLIN HEALTH DISTRICT
Environmental Health
7102 W. Okanogan Place
Kennewick, WA 99336
Phone: (509) 460-4205

REQUEST FOR DISCLOSURE OF RECORDS

DATE _____
NAME _____
ADDRESS _____
PHONE _____

TIME _____
ORGANIZATION _____
CITY _____
STATE _____

Description of information requested (Be specific - use additional paper, if necessary) _____

Relationship to parties for whom information is requested _____

Reason for information requested _____

I wish a copy of the information or record requested and I understand that a fee must be paid in advance of receipt of records, in accordance with RCW 42.56.120. I understand that I may be required to provide identification prior to disclosure of records.

Number of copies requested _____

I understand the records I'm requesting may not be eligible for disclosure. Furthermore, I may be required to obtain a signed release from the parties concerned if the information is contained in records other than my own.

In accordance with RCW 42.56.070 (9), authority is not given to sell or provide access to lists of individuals requested for commercial purposes.

I certify that any information disclosed will not be used for commercial purposes

Signature of Requester _____