

# UW Medicine

VALLEY  
MEDICAL CENTER

## REQUEST FOR PUBLIC RECORDS

DATE OF YOUR REQUEST: \_\_\_\_\_

### CONTACT INFORMATION:

Name (First and Last):

Mailing Address:

Contact Number:

Email (optional):

Fax (optional):

### INFORMATION REQUESTED:

In the space below, please provide a detailed description of the specific public records being requested:

How would you like to receive these records?  Mail  Email  On-site review

**Please return this completed form by email, mail, or in person:**

IF BY EMAIL:	IF BY MAIL:	IF IN PERSON:
<a href="mailto:VMC-PROfficer@Valleymed.org">VMC-PROfficer@Valleymed.org</a>	Valley Medical Center Attn: Paul Scott, Public Records Officer PO Box 50010 Renton, WA 98058	Valley Medical Center Administration Office, MAC 400 S. 43 <sup>rd</sup> Street, M/S VMC 1-019 Renton, WA 98058