



REQUEST FOR PCP CONTACT INFORMATION

Date: _____

Name: _____
(Please Print)

Position: _____

Reason for Request: _____

Date when list is needed: _____

By signing this form, I attest that I will not share the PCP list or give any contact information contained thereon to anyone. All contact information is confidential.

Requestee Signature: _____

Please submit request form to Secretary@washcodems.org

Approved Denied

Secretary Date: _____

If Denied, explain:

Executive Board Override Date: _____