

LINCOLN COUNTY REQUEST TO INSPECT OR COPY PUBLIC RECORD

DEPARTMENT OR OFFICE – TREASURER

PERSON MAKING REQUEST:

NAME/BUSINESS _____ PHONE NUMBER _____
ADDRESS _____ DATE OF REQUEST _____
_____ TIME OF REQUEST _____

RECORD/INFORMATION REQUESTED: _____

I, the undersigned do declare as follows: I understand that the use for commercial purposes of public documents, which contain lists of individuals, violates Washington State Law R.C.W. 42.56.070 (9) and the privacy rights of such individuals. I understand that at a minimum “commercial purposes” means that such lists will be utilized to contact or affect such individuals to facilitate, in any manner, profit-expecting activity. Therefore, I agree not to use the above-requested document(s) and I acknowledge an affirmative duty to prevent others from using such document(s) for commercial purposes.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

Print Name

Signature

NOTE: The Public Disclosure Act is for the purpose of providing existing documentation or records, not for the purpose of gathering, sorting and/or creating new documentation. The department cannot respond to your request to inspect or copy a record unless this form and declaration of non-commercial use is completed.

OFFICE USE ONLY:

ACTION TAKEN _____
DATE: _____ BY: _____ Employee Name