

**CITY OF OKANOGAN PUBLIC RECORD (S) ACCESS
DECLARATION TO RELEASE PUBLIC RECORDS**

(print name)

having been duly sworn, deposes and says:

1. I have requested copies of the following public records:

2. I understand that Washington State law, RCW 42.17.260 (7), prohibits the use of lists of individuals for commercial purposes.

3. I understand that the use for commercial purposes of said records may also violate the rights of the individual named therein and may subject me to liability for such commercial use.

4. I understand that section 2 and 3 herein apply when I use said records for commercial purposes and when others use said records or copies for same, for commercial purposes. I understand that I may be liable in either case.

5. I understand that "commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit expecting activity.

6. Therefore, I do hereby swear and affirm on oath and under penalty of law that I will not use said records for commercial purposes and that further, it is my affirmative duty to prevent others from using said records for commercial purposes.

7. I do further swear and affirm on oath and under penalty of law that I will protect and hold harmless, including the costs of defending, the agency and its agents and employees from which I have obtained said records from any and all claims arising either directly or indirectly from the commercial use of said records.

Signature

CITY OF OKANOGAN
REQUEST FOR PUBLIC RECORDS

Name of Requester: _____ Phone: _____

Address: _____

Request Made: In Person _____ In Writing _____ By Phone _____

Date of Request: _____ Date would like requested by: _____

Description of Public Record (s) Requested: _____

FOR OFFICIAL USE ONLY

Action of requests for public records must be taken within five business days. (See RCW 42.17.320)

1. Action Taken:

_____ Request Granted	_____ Acknowledgment; Estimated Response	_____ Record Denied (see # 5 & 6)	_____ Record Withheld in part (see # 5 & 6)
_____ Recpt. #	_____ Date provided (see #4)		

2. Request forwarded to attorney for review:

Yes: _____ Date forwarded: _____ No: _____

3. Notification of Action Taken to Requestor: Date of Notification _____

_____ Request granted
_____ Need for additional time- How Long: _____
_____ Request denied
_____ Record withheld in part

4. If additional time needed, explain why: _____

5. If request denied or records withheld in part, name the exemption contained in Chapter 42.17 RCW, which authorized withholding, or denial: _____

6. If request denied or record withheld in part, explain how the exemption applies to this record: _____

7. Request received by: _____ Dept: _____ Date: _____