



PEND OREILLE COUNTY

PUBLIC RECORDS REQUEST FOR

ASSESSOR'S PROPERTY INFORMATION

Please provide the following information so that your request for public records may be processed. There may be a charge to provide copies of the requested records payable in advance. You will be notified in advance of any charges.

REQUESTED BY:

Name: _____ Phone Number: _____

Agency/Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

By signing below I certify that:

1. I understand that Washington State law, RCW 42.56.070(9), prohibits the use of lists of individuals for “*commercial purposes.*”
2. I understand that the use for “*commercial purposes*” of said record may also violate the rights of the individual(s) named therein and may subject me to liability for such commercial use.
3. I understand that sections 1 and 2 herein apply when I use said records for “*commercial purposes*” and when others use said records or copies of same for “*commercial purposes*”, I understand that I may be liable in either use.
4. I understand that “*commercial purposes*” means that the person requesting the record intends that the list will be ***used for general business purposes, including but not limited to*** communicating with the individual(s) named in the record for the purpose of facilitating profit-expecting activity.
5. 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 records for “*commercial purposes.*”

Signature

Date

(Staff Use Only)

Number of Pages, Copies or Disc: _____

(Disc \$10.00 postage included)

Charge per Page (15¢) _____

Additional charges: (Postage etc.) _____

Total Charges = _____

Information Requested: _____
