



PEND OREILLE COUNTY

DECLARATION FOR RELEASE OF INFORMATION

REQUESTED BY:

Name: _____ Phone Number: _____

Agency/Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

I have requested (description of request): _____

I declare that the intended purpose of the request is for (detailed description of intended use): _____

By signing below I certify that:

1. I understand that Washington State law, RCW 42.56.070(8), prohibits any public agency from giving, selling or providing access to lists of individuals for “*commercial purposes*.”
2. I understand that the use for “*commercial purposes*” of said records 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 case.
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 certify under penalty of perjury of law that the information obtained through this request will not be used for “*commercial purposes*” and that, further, it is my affirmative duty to prevent others from using said records for “*commercial purposes*.”

Dated: _____ (month/day/year) at _____ (city & state)

Signature: _____

Printed Name: _____