



PUBLIC RECORDS REQUEST FORM

NAME OF REQUESTER: _____ DATE: _____

CONTACT INFORMATION:

Address: _____

Phone: _____

Email Address: _____

1. How would you like to be contacted, please check one: Mail _____ Phone _____ Email _____

2. I request copies of the following public records:

3. I understand that Washington State law, RCW 42.56.070 (9), prohibits the use of lists of individuals for commercial purposes.

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

5. I understand that Sections 2 and 3 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.

6. 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.

7. Therefore, I will not use said records for commercial purposes and that it is my affirmative duty to prevent others from using said records for commercial purposes.

8. Further, I will protect and hold harmless, including the cost of defending the agency and its agents and employees from whom I have obtained said records, from any and all claims arising either directly or indirectly from the commercial use of said records.

Signature

FOR HOSPITAL USE ONLY

Date Request Received by Hospital: _____ Amount \$ _____

Date Request Responded to by Hospital: _____ Date Request Closed: _____

Records Request Provided _____

Public Records Officer

Records Request Denied _____

Public Records Officer

We are your FRIENDS FOR LIFE

Operated by Okanogan County Public Hospital District No. 3