



City of Chehalis Public Records Request Form

Date Received: _____
Date Responded: _____
Date Closed: _____
Records Provided: ____ Redacted ____ No Records ____
Fee Amount: _____
Staff Signature: _____

Name of Requestor: _____

Date: _____

Mailing Address: _____

Phone: _____

E-Mail: _____

Please describe the records you are seeking:

Department holding requested records (if known): _____

Please choose one:

- ☐ I would like to *inspect* any responsive records
- ☐ I request any responsive records in the following format:
- ☐ Electronic
- ☐ Paper Copies

I understand the following:

1. Washington State law, RCW 42.56.070(8), prohibits the use of lists of individuals for commercial purposes.
2. Use for commercial purposes of said records may violate the rights of individuals named therein and may subject me to liability for such use.
3. 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, and that I may be liable in either case.
4. "Commercial purposes" means the person requesting the record intends the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity.

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. Further, I 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 all claims arising either directly or indirectly from the commercial use of said records.

Signature of Requestor