



# Public Records Request Form

Complete the form below and return to: Public Records Officer  
North Olympic Library System  
2210 South Peabody Street  
Port Angeles, WA 98362  
or email to: [publicrecords@nols.org](mailto:publicrecords@nols.org)

Name of Requestor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pursuant to Washington State Law, RCW 42.56, I request inspection of the following records.

Title of Record (if known): \_\_\_\_\_

Date of Record (if known): \_\_\_\_\_

Please describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible.

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The Library shall respond within five (5) business days acknowledging that your request has been received.

I understand that there may be charges for duplication of these specific records. According to RCW 42.56, a minimum of \$0.15 per page will be charged to the requestor, plus any mailing or delivery costs.

I wish to have copies/duplicates of the records indicated above. \_\_\_\_\_ Yes \_\_\_\_\_ No

If the requests are exempt from public disclosure, I understand that the Public Records Officer will provide the specific reason for the exemption.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RCW 42.56 prohibits the use of lists of individuals for commercial purposes. If you are requesting a list of individuals, please also complete the attached Commercial Purpose Declaration.**

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**COMMERCIAL PURPOSE DECLARATION  
PUBLIC RECORDS REQUESTS UNDER RCW 42.56 FOR LISTS OF INDIVIDUALS**

You or your organization or business has requested a list of individuals from a public agency. The Washington State Public Records Act (PRA) at RCW 42.56.070(8) directs that:

This chapter shall not be construed as giving authority to any agency, the office of the secretary of the senate, or the office of the chief clerk of the house of representatives to give, sell or provide access to lists of individuals requested for commercial purposes, and agencies, the office of the secretary of the senate, and the office of the chief clerk of the house of representatives shall not do so unless specifically authorized or directed by law: PROVIDED, HOWEVER, That lists of applicants for professional licenses and of professional licensees shall be made available to those professional associations or educational organizations recognized by their professional licensing or examination board, upon payment of a reasonable charge therefor: PROVIDED FURTHER, That such recognition may be refused only for a good cause pursuant to a hearing under the provisions of chapter 34.05 RCW, the Administrative Procedure Act.

The PRA at RCW 42.56.080 authorizes agencies to require a requester to provide information as to the purpose of a request “to establish whether inspection and copying would violate RCW 42.56.070(8).”

**Instructions:**

In order to ensure compliance with this obligation please complete the declaration on the reverse of this form and return it to the Public Records Officer. If our agency does not receive a completed declaration, we will be unable to process your request for the list and the request for the list will be administratively closed. If we have questions for you after you complete the declaration, we will contact you. Therefore, make sure you also provide contact information at the bottom of the declaration.

**Return this completed declaration form via mail or email to the Public Records Officer at:**

Public Records Officer  
North Olympic Library System  
2210 South Peabody Street  
Port Angeles, WA 98362  
[publicrecords@nols.org](mailto:publicrecords@nols.org)

**This declaration is a public record.**

## DECLARATON UNDER PENALTY OF PERJURY

1. I have requested a list of individuals from the North Olympic Library System.
2. I am requesting the list of individuals on behalf of (specify which one applies):  
\_\_\_\_ My Own Personal Behalf (*skip to 3.*)  
\_\_\_\_ Organization or Business (*complete a. – c. before proceeding to 3.*)
  - a. If an organization or business, the name of the organization or business is: \_\_\_\_\_
  - b. If an organization or business, the purpose of the organization or business is: \_\_\_\_\_
  - c. If an organization or business, the mailing address and website address are: \_\_\_\_\_
3. The purpose in making this request for the list of individuals is: \_\_\_\_\_
4. I or the organization/business intend to generate revenue or financial benefit from using the list of individuals: \_\_\_\_ Yes \_\_\_\_ No
5. I or the organization/business intend to solicit money or financial support from any of the individuals on the list: \_\_\_\_ Yes \_\_\_\_ No
6. I or the organization/business intend to make individuals on the list aware of business commercial entities: \_\_\_\_ Yes \_\_\_\_ No
7. I or the organization/business intend to supply or sell the individuals to an organization or business, third party individual (someone other than myself or the organization or business listed in paragraph 2), or any other entity: \_\_\_\_ Yes \_\_\_\_ No
  - > If yes, to whom: \_\_\_\_\_
8. I or my organization/business attest that another law authorizes or directs the agency to provide me or my organization/business the list of individuals requested: \_\_\_\_ Yes \_\_\_\_ No
  - > If yes, provide specific citation: \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I certify under penalty of perjury that I have read this declaration form and I understand that a list of individuals cannot be provided to me or to my organization or business by a public agency if the list will be used for a commercial purpose. I certify under penalty of perjury that any list of individuals I or my organization or business receive pursuant to the request dated \_\_\_\_\_ to the North Olympic Library System will not be used for any commercial purpose in violation of RCW 42.56.070(8).

DATED this \_\_\_\_ of \_\_\_\_\_, \_\_\_\_ in \_\_\_\_\_.

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title (if any)

\_\_\_\_\_  
Contact Information (phone and/or email)