



# Request for Public Records

(Pursuant to WAC 132M-110)

Requesting Party \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Company or agency (if Applicable) \_\_\_\_\_ Time: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Requester Read and Sign

I understand that I will be charged twenty-five cents per copy for all standard letter size copies I desire and that other size/format publications are available at cost.

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

### Individual named above seeks to:

- 1. Inspect and/or
- 2. Receive copy of public record of:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The public records officer shall be responsible for implementing the College's rules and regulations and regarding release of public records coordinating the staff of the College in this regard, and generally ensuring the compliance with the public record laws under Chapter 42.56 RCW and as hereinafter amended.

### Action by Public Records Officer

Date request received \_\_\_\_\_ Number of Pages \_\_\_\_\_  
 (25 cents per copy) \$ \_\_\_\_\_

Request not granted pursuant to Chapter 42.56 RCW  
 Reason and disposition of matter: \_\_\_\_\_  
 \_\_\_\_\_

### Request Completed

Copies received \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Requestor  
 Date copies mailed \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature: \_\_\_\_\_  
Public Records Officer

### LOWER COLUMBIA COLLEGE

Nolan Wheeler, Public Records Officer P.O.  
 Box 3010; 1600 Maple St.  
 Longview, WA 98632



## DECLARATION FOR NON COMMERCIAL USE OF LIST OF NAMES

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

\_\_\_\_\_  
Mailing Address

Telephone \_\_\_\_\_

\_\_\_\_\_  
City, State & Zip Code

FAX Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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The undersigned, certifies and declares as follows:

1. I have requested access to and/or copies of the following public records from Lower Columbia College:

\_\_\_\_\_  
\_\_\_\_\_

I have requested access to and/or copies of the described public records from Lower Columbia College for the following purpose:

\_\_\_\_\_  
\_\_\_\_\_

2. I understand that records I request from Lower Columbia College under the Public Records Act, RCW 42.56 are not for commercial purposes.
3. I understand that the use for commercial purposes of said records may also violate the rights of individuals named herein and may subject me to liability for such commercial use.
4. I have been informed that the Revised Code of Washington, RCW 42.56.070(9) prohibits agencies from providing lists of individuals for a commercial purpose and understand that violation of this certification constitutes false swearing under RCW 9A.72.040.
5. I understand that "for commercial purposes" means a business activity by any form of business enterprise intended to generate revenue or financial benefit.
6. I understand that Lower Columbia College does not warrant nor in any way guarantee the accuracy or completeness of its data.
7. Therefore, I do hereby certify and declare under penalty of perjury under the law of the state of Washington that I will not use said records for commercial purposes and that, further, it is my affirmative duty to prevent others from using said records for commercial purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date/ Place (city or county)