To: Public Records Officer/Department _______________________
Chelan-Douglas Health District

Printed Name of Requesting Individual _______________________
Business Name _______________________

Street Address & Mailing Address _______________________
Phone No. _______________________

City, State, Zip _______________________
Fax No. _______________________

Please provide copies of the following public records of your office @ $.15 per page or the published cost of copying, whichever is greater, plus cost of mailing, subject to disclaimers on the reverse. (Please be as specific as possible, to limit copies to those for which you desire to pay):

________________________________________________________________________
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________________________________________________________________________
Please ☐ mail copies OR ☐ hold copies for pickup. Payment is required before copying.

☐ Please do not make copies, but allow review pursuant to Washington State Law.

☐ *Lists of individuals (names and addresses) will be used only for the following purposes, and will not be used for any commercial purpose (to facilitate any profit expecting activity):

I swear or affirm under oath that I have read the foregoing and know the same to be true and correct.

_______________________________  ______________________________
Signature of Requester               Date Submitted

State of _______________________
County of ______________________

Signed and sworn to (or affirmed before) me on _______________________________, (date)
by ____________________________________.
 (name of requester).

_______________________________ (Seal)
Notary Public

My appointment expires _____________________.

**Disclaimer to and Warranty by Users of Chelan-Douglas Health District GIS Data**

1. **Limitations**
Requester seeks access to the data described in the attached request. The District makes no warranty, expressed or implied, concerning the data's content, accuracy, currency or completeness, or concerning the results to be obtained from queries or use of the data. **ALL DATA IS EXPRESSLY PROVIDED "AS IS" AND "WITH ALL FAULTS".** The District makes no warranty of fitness for a particular purpose, and no representation as to the quality of any data. Users of data are responsible for ensuring the accuracy, currency and other qualities of all products (including maps, reports, displays and analysis) produced from or in connection with Chelan-Douglas Health District's GIS data. No employee or agent of Chelan-Douglas Health District is authorized to waive or modify this paragraph. If a user informs others that a product is based upon Chelan-Douglas Health District's data, the District specifically requests and directs that the user also disclose the limitations contained in this paragraph and in paragraph 4.

2. **Data Interpretation**
Chelan-Douglas Health District data is developed and maintained solely for District business functions, and use or interpretation of data by the Requestor or others is solely their responsibility. The District does not provide data interpretation services.

* **NOTE:** Unless otherwise specifically authorized or directed by law, disclosure is prohibited of any requested record containing a list of individuals, unless the box above is checked, specific purposes of use are listed, and the requester’s signature under oath is notarized on the following page.
3. Spatial Accuracy
Map data can be plotted or represented at various scales other than the original source of the data. The Requestor is responsible for adhering to industry standard mapping practices which specify that data utilized in a map or analysis, separately or in combination with other data, will be produced at the largest scale common to all data sets.

4. No District Liability
Chelan-Douglas Health District shall not be liable to the Requester (or transferees or vendees of Requester) for damages of any kind, including lost profits, lost savings or any other incidental or consequential damages relating to the providing of the data or the use of it. The Requester shall have no remedy at law or equity against the District in case the data provided is inaccurate, incomplete or otherwise defective in any way.

5. Requester’s Warranty Against Commercial Use of Lists
RCW 42.17.260(9) prohibits the release of lists of individuals requested for commercial purposes, and Requester expressly represents that no such use of any such list will be made by Requester or its employees, agents, transferee(s) or vendee(s). “Commercial purposes” means to facilitate any profit expecting activity.

6. Secondary Data Dissemination
Requesters may not secondarily disseminate (give Chelan-Douglas Health District data to other entities) without prior written permission from Chelan-Douglas Health District.

7. Project Data
Requesters are encouraged to supply their project data back to the District for use by the District.

8. Cost of Providing Digital Data
The cost of providing GIS digital data is $70.00 (seventy dollars) per hour plus the cost of media or transmission. The cost is the actual cost to prepare the requested data files from the District GIS database. These costs will be paid before data is delivered to the requester.

9. Data Shift
The District will be shifting GIS data to improve the geographic accuracy. Any data the requestor builds on top of the District data may require adjustment. The Requestor assumes responsibility for aligning and registering data to the District data, if necessary.

Firm: __________________________  Authorized Agent: __________________________  Date: _________