Please clearly and precisely identify the information you are requesting and your intended purpose. Use additional sheets, if needed. We will provide you with an estimate of the charges which must be paid before the information is mailed.

DOCUMENT(S) REQUESTED:________________________________________________________

CERTIFICATION OF PURPOSE

AS THE INDIVIDUAL OR ENTITY REQUESTING PUBLIC RECORDS,
_____________________________________________________
NAME (PLEASE PRINT)

BILLING ADDRESS

HEREBY CERTIFIES THAT THE REQUESTED PUBLIC RECORDS SHALL BE USED FOR

☐ NON-COMMERCIAL PURPOSES
☐ COMMERCIAL PURPOSES AS DESCRIBED:

FURTHERMORE, THE INDIVIDUAL OR ENTITY REQUESTING PUBLIC RECORDS HEREBY ACKNOWLEDGES THAT IT IS UNLAWFUL TO OBTAIN A COPY OF ANY PART OF A PUBLIC RECORD FOR A

1. COMMERCIAL PURPOSE WITHOUT STATING THE COMMERCIAL PURPOSE; OR

2. COMMERCIAL PURPOSE IF THE PERSON USES OR KNOWINGLY ALLOWS THE USE OF THE PUBLIC RECORD FOR A DIFFERENT COMMERCIAL PURPOSE; OR

3. NON-COMMERCIAL PURPOSE IF THE PERSON USES OR KNOWINGLY ALLOWS THE USE OF THE PUBLIC RECORD FOR A COMMERCIAL PURPOSE.

__________________________________________  ______________
SIGNATURE   DATE