

# Affidavit to Release Outstanding or Canceled Warrants

STATE OF WASHINGTON

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Name and Address

Having been duly sworn, deposes and states:

1. I have requested access to those records described as listings or registrations of unpaid state checks or warrants classified by your office as "Outstanding" or "Canceled" (or such other adjective as may encompass these terms), excepting those items that have been issued within the six months preceding this letter.
2. I understand that Washington State law, RCW 42.56.070(9), prohibits the use of lists of individuals for commercial purposes.
3. I understand that the use for commercial purposes of said records may also violate the rights of the individuals named therein and may subject me to liability for such commercial use.
4. I understand that Section 2 or 3 herein apply when I use said records for commercial purposes and when others use said records or copies of same for commercial purposes. I understand that I may be liable in either case.
5. I understand that "commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity.
6. Therefore, I do hereby swear and affirm on oath and under penalty of law that I will not use said records for commercial purposes and further, that I will not aid or assist others in using said records for commercial purposes.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Stamp  
Here

\_\_\_\_\_  
Notary Public in and for the State of Washington

\_\_\_\_\_  
Residing at

My appointment expires: \_\_\_\_\_, 20 \_\_\_\_\_.