



Declaration of Non-Commercial Purpose

This form is for individuals or organizations requesting public records from the Department of Retirement Systems.

Send completed form to:

Email drs.pdr@drs.wa.gov

Fax 360.753.3166

Mail Department of Retirement Systems

Attn: Public Disclosure Officer

PO Box 48380 • Olympia, WA 98504-8380


Requestor Information

Name of Individual Submitting the Request E. Baxter			
Mailing Address P.O. Box 23663	City Seattle	State WA	ZIP 98102
Email Address 132740-14951066@requests.muckrock.com		Phone Number 206-569-8523	
I am Requesting the List of - *not requesting a list* However if a list is included ok. A COMPLETE COPY of all documents provided to the Seattle Times. (NO LIST)		<input type="checkbox"/> On behalf of an organization or business <input checked="" type="checkbox"/> On my own personal behalf	
If you are requesting the list on behalf of an organization or business, complete the following:			
Organization or Business Name		Organization or Business Website Address	
Organization or Business Purpose Information		The organization or business is a professional association or educational organization recognized by the professional licensing or examination board, and the request is for a list of applicants for professional licenses or professional licensees of the subject area of the association or organization <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Purpose of the Request

The Purpose of Making the Request is Personal interest. No reason is required.
I or the organization/business intend to <ul style="list-style-type: none"> • Generate revenue or financial benefit from using the list of individuals, taxpayers and/or persons <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Solicit money or financial support from any of the individuals, taxpayers and/or persons on the list <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Make individuals, taxpayers and/or persons on the list aware of business commercial entities, business/financial enterprises or business/financial opportunities <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Supply or sell the list of individuals, taxpayers and/or persons to another organization or business, third party individual, or other entity <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No <p>*If Yes, to whom _____</p>

Signature

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 the information provided with this declaration and I understand that a list of _____ copy of the DRS retirement database for 07/01/2020 - 06/30/2022 _____ cannot be provided to me, or to my organization/business by the Department of Retirement Systems if the list will be used for a commercial purpose. I certify under penalty of perjury that any list(s) I or my organization/business receive pursuant to this request, will not be used for any commercial purpose in violation of RCW 42.56.070(8), RCW 82.32.330(3)(k), or RCW 19.02.115(3)(g).		
Signature  /s/	Date 09/19/2022	In (City, State) Seattle, WA
Printed Name E. Baxter	Title (if any) Mr.	

