Public Records Request

Requester Name: Date:

COMMERCIAL PURPOSE DECLARATION Public Records Requests under RCW 42.56 for Lists of Individuals

[qw'qt"{qwt"qti cpk cwqp"qt"dwwkpguu'i cu'tgs wguvgf "c"rkuv'qh'kpf kxkf wcni'htqo "c'r wdrke "ci gpe{0"

Vj g'Y cuj kpi vqp''Ucvg''Rwdrke''Tgeqtf u'Cev'*RTC+'cv'TEY ''640780292*. +'f ktgevu''y cv<

Vj ku'ej cr vgt'uj cmipqv'dg'eqpunt wgf 'cu'i kukpi 'cwij qtkk{ 'vq'cp{ 'ci gpe{."yj g'qhhkeg'' qh''yj g''ugetgvct { "qh''yj g''ugpcvg."qt''yj g''qhhkeg''qh''yj g''ej kgh''engtm'qh''yj g''j qwug''qh'' tgr tgugpvcvkxgu''vq''i kxg. 'ugmi'qt''r tqxkf g''ceeguu''vq''rkuw''qh''kpf kxkf wcnu''tgs wguvgf "hqt''eqo o gtekcnir wtr qugu. 'cpf 'ci gpekgu. 'yj g'qhhkeg'qh'yj g'ugetgvct { 'qh'yj g'ugpcvg." cpf ''yj g''qhhkeg''qh''yj g''ej kgh''engtm'qh''yj g''j qwug''qh''tgr tgugpvcvkxgu''uj cmi'pqv'f q''uq'' wprguu''ur gekhkecm{ "cwij qtkl gf "qt"f ktgevgf "d{ "rcy <"RTQXIFGF." JQYGXGT." Vj cv'nkuw''qh''cr r hecpwu''hqt"r tqhguukqpcn''rhegpugu''cpf "qh''r tqhguukqpcn''rhegpuggu''uj cmi' dg" o cf g" cxckrcdrg" vq" yj qug" r tqhguukqpcn'' cuuqekcvkqpu'' qt" gf wecvkqpcn'' qti cpkl cvkqpu''tgeqi pkl gf "d{ "vj gk' r tqhguukqpcn''hegpukpi "qt"gzco kpcvkqp''dqctf." wr qp"r c{o gpv'qh''c''tgcuqpcdrg''ej cti g''yj gtghqt<'RTQXIFGF "HWTVJGT."Vj cv'' uwej "tgeqi pkkqp"o c{"dg"tghwugf "qpn{"hqt"c''i qqf "ecwug"r wtuwcpv''vq"c"j gctkpi "wpf gt''yj g't tqxkukqpu'qh''ej cr ygt'56027"TEY. ''yj g'Cf o kpkntcvkxg'Rtqegf wtg'Cev0'

Vj g'RTC"cv'TEY "6407802: 2"cwj qtk gu'ci gpekgu"vq'tgs wktg"c'tgs wguvgt"vq'r tqxkf g'llphqto cvkqp" cu'vq'vj g'r wtr qug''qh'c'tgs wguv'ŏvq''guvcdrkuj 'y j gvj gt'llpur gevkqp"cpf 'eqr {lpi 'y qwf ''xlqrevg'TEY '' 640780292*: -46"""

Vj g"Y cuj kpi vqp"Ucvg"Eqwtv'qh'Crr gcm'twgf "ý cv'kp'tgur qpf kpi "vq'c'r wdrke'tgeqtf u'tgs wguv'j cv' kpenwf gu" c" rkuv' qh" kpf kxkf wcm." cp" ci gpe {"o wuv' kpxguvki cvg" kh" yj cv' rkuv' o ki j v' dg" wugf "hqt" eqo o gtekcn'r wtr qugu. "kp"qtf gt"vq"eqo r n{"y kyj "yj g"qdrki cvkqpu"qh'TEY "640780292*: +0"""SEIU Healthcare 775NW v. State."3; 5"Y p0Crr 0599."599"R05f "436"*4238+0"Vj g"Eqwtv'cmq"twgf "yj cv' kphqto cvkqp"vq"dg"r tqxkf gf "d{"c"tgs wguvgt"vq"cp"ci gpe {"kpenwf gu"yj g'r wtr qug"qh'yj g"tgs wguvz"yj g" kf gpvkx{"qh"yj g"tgs wguvgt."yj g"pcwtg"qh'yj g"tgeqtf u"tgs wguvgf."cpf "qyj gt"kphqto cvkqp"pgeguuct {" vq"f gygto kpg"kh'yj g"htuv'qh'kpf kxkf wcm'ecp"dg"r tqxkf gf "wpf gt "TEY "640780292*: +0'

Instructions:

In order to ensure compliance with this obligation please complete the declaration on the reverse of this form and return it to the Public Records Officer. Ki'qwt "ci gpe { "f qgu''pqv'' tgegkxg"c"eqo r rgvgf "f gerctcvkqp."y g"y km''dg"wpcdrg"vq"r tqeguu"{qwt "tgs wguv''hqt "y g"rkuv'cpf "vj g" tgs wguv''hqt "y g"rkuv'y km''dg"cf o kpkuvtcvkxgn{ "erqugf 0" Ki'y g"j cxg"s wguvkqpu"hqt "{qw''chvgt "{qw''eqo r rgvg''y g"f gerctcvkqp."y g'y km'eqpvcev' {qw0" Vj gtghqtg."o crng"uwtg"{qw''cnvq''r tqxkf g"eqpvcev'' kphqto cvkqp"cv'y g'dqwqo "qh'y g"f gerctcvkqp0''

> Return this completed declaration form (both sides) to the Public Records Officer or other designated person at the following address:

Vj ku'f genetevkqp'ku'c'r wdnke't geqtf 0'

DECLARATION UNDER PENALTY OF PERJURY

Declarant's Contact Information (Phone or email, or both):							
T	Signature of Declarant Declarant's Title (if any):				Print Name		
_				Month		City, State	
_	_				,in		
d o c b	ecla rgai ertif usir	ration forn nization or fy under p ness receive	n and I unde business by penalty of p pursuant to	rstand that a list a public agency perjury that an	t of individuals if the list will b y list of indi	t I have read the first cannot be provided to be used for a commercy viduals I or my or will not be used for an	o me or to my cial purpose. I ganization or
	cert	tify under p	enalty of per	jury under the la		e of Washington that the	~ ~
8.	I or my organization/business attest that another law authorizes or directs the agency to provide me or my organization/business the list of individuals requested: > If yes, provide specific citation:						
7.	I or the organization/business intend to supply or sell the list of individuals to any organization or business, third party individual (someone other than myself or the organization or business listed in paragraph 2), or any other entity: Yes No If yes, to whom:						ne organization
6.	I or the organization/business intend to make individuals on the list aware of business commercial entities, business/financial enterprises or business/financial opportunities: Yes No						
5.	I or the organization/business intend to solicit money or financial support from any of the individuals on the list: Yes No						
4.		or the organ		ess intend to ge Yes	enerate revenue No	or financial benefit f	from using the
3.	Th	The purpose in making this request for the list of individuals is:					
	d.	organization is for a lis	on recognized t of applicant	by the profession	nal licensing or nal licenses a	nal association or edu examination board, ar nd of professional li Yes	nd (ii) the request
	c.	If an organ	ization or bus	iness, the mailing	g address and we	ebsite address are:	
	b.	If an organ	ization or bus	iness, the purpose	e of the organiza	tion or business is:	
	a.	If an organ	ization or bus	iness, the name o	f the organization	on or business is:	
۷.	1 41	•	y Own Person	al Behalf (skip to	3.)	proceeding to 3.)	