

# 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](mailto: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

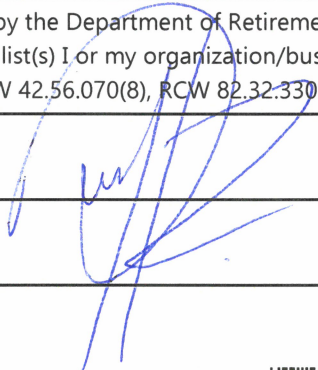
## Requestor Information

Name of Individual Submitting the Request Manuel Villa			
Mailing Address 1000 Denny Way, 6th Floor	City Seattle	State WA	ZIP 98109
Email Address mvilla@seattletimes.com		Phone Number 206-464-2262	
I am Requesting the List of Copy of the DRS retirement database from 07/01/21 - 06/30/23		<input type="checkbox"/> On my own personal behalf <input checked="" type="checkbox"/> On behalf of an organization or business	
If you are requesting the list on behalf of an organization or business, complete the following:			
Organization or Business Name The Seattle Times		Organization or Business Website Address <a href="https://www.seattletimes.com">https://www.seattletimes.com</a>	
Organization or Business Purpose Newspaper		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
<p>I or the organization/business intend to</p> <ul style="list-style-type: none"> <li>• Generate revenue or financial benefit from using the list of individuals, taxpayers and/or persons <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> </ul> <p>*If Yes, to whom _____</p>

## Signature

<p>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 _____ 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).</p>		
Signature 	Date November 17, 2023	In (City, State) Seattle, WA
Printed Name Manuel Villa	Title (if any) Data Reporter	

