



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.pdrnotice@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

[Timothy Martinell](#)

Mailing Address

[36710 US 2](#)

City

[Sultan](#)

State

[WA](#)

ZIP

[98294](#)

Email Address

tmartinell@thecentersquare.com

Phone Number

[206-491-1878](#)

I am Requesting the List of

[all government pensions with name, date of hire, agency hire, date of separation, amount for the years 2020-2025.](#)

☐ On my own personal behalf

☒ 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 Center Square](#)

Organization or Business Website Address

www.thecentersquare.com

Organization or Business Purpose

[Media](#)

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 ☐ Yes ☐ No

Purpose of the Request

The Purpose of Making the Request is

[News gathering](#)

I or the organization/business intend to

- Generate revenue or financial benefit from using the list of individuals, taxpayers and/or persons ☐ Yes ☒ No
- Solicit money or financial support from any of the individuals, taxpayers and/or persons on the list ☐ Yes ☒ No
- Make individuals, taxpayers and/or persons on the list aware of business commercial entities, business/financial enterprises or business/financial opportunities ☐ Yes ☒ No
- Supply or sell the list of individuals, taxpayers and/or persons to another organization or business, third party individual, or other entity ☐ Yes* ☒ No

*If Yes, to whom _____

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 [all government pensions with name, date of hire, agency hire, date of separation, amount for the years 2020-2025.](#) 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

Date (mm/dd/yyyy)

[10/09/2025](#)

In (City, State)

[Sultan, WA](#)

Printed Name

[Timothy Martinell](#)

Title (if any)

