

## North Thurston Public Schools 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| cvkqp"qt"dwukpguu'j cu'tgs wguvgf "c''rkuv'qh'kpf kxkf wcnu'htqo "North Thurston Public Schools.""Vj g"Y cuj kpi vqp"Uvcvg"Rwdrke"Tgeqtf u'Cev'\*RTC+"cv'TEY "640780292\*: +" f ktgevu''yj cv<"

Vj ku'ej cr vgt'uj cm'pqv'dg'eqpunt wgf 'cu'i kxkpi 'cwij qtkv{ 'vq'cp{'ci gpe{."y g'qhhkeg'' qh''y g''ugetgvct { "qh''y g''ugpcvg."qt''y g''qhhkeg''qh''y g''ej kgh''engtm'qh''y g''j qwug''qh'' tgr tgugpvcvkxgu''vq''i kxg. 'ugm'qt''r tqxkf g''ceeguu''vq''nkuw''qh''kpf kxkf wcm''tgs wguvgf "hqt''eqo o gtekcn'h wtr qugu. 'cpf 'ci gpekgu. 'yj g'qhhkeg'qh'y g''ugetgvct { 'qh'yi g''ugpcvg." cpf 'yj g''qhhkeg''qh'yi g''ej kgh''engtm'qh'yi g''j qwug''qh''tgr tgugpvcvkxgu''uj cm''pqv'f q''uq'' wpnguu''ur gekhkecm{"cwj qtk| gf "qt''f ktgevgf "d{"rcy <"RT QXIF GF." J QY GXGT." Vj cv''nkuw''qh''cr r nkecpw''hqt''r tqhguukqpcn''nkegpugu''cpf "qh''r tqhguukqpcn''nkegpugu'' uj cm' dg'' o cf g'' cxckrcdng'' vq'' yj qug'' r tqhguukqpcn'' cuuqekcvkqpu'' qt'' gf wecvkqpcn'' qti cpk| cvkqpu'tgeqi pk| gf "d{"yj gk''r tqhguukqpcn'inkegpukpi "qt''gzco kpcvkqp''dqctf." wr qp''r c{o gpv'qh''c''tgcuqpcdng''ej cti g''yj gtghqt<'RTQXIF GF "HWT VJ GT."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''r tqxkukqpu'qh''ej cr vgt'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"kphqto cvkqp" cu'vq"j g'r wtr qug"qh'c"tgs wguv'ŏvq"guvcdrkuj "y j gvj gt"kpur gevkqp"cpf "eqr {kpi 'y qwrf "xkqrcvg"TEY " 640780292\*: +06"""

Vj g'Y cuj kpi vqp'Ucvg'Eqwtv'qh'Crr gcni'twgf ''y cv'kp'tgur qpf kpi ''vq'c'r wdrke'tgeqtf u'tgs wguv'y cv'kpenwf gu'' c'' rkuv' qh'' kpf kxkf wcn..." cp" ci gpe { "o wuv' kpxguvki cvg" kh'' yi cv'' rkuv'' o ki j v'' dg" wugf "hqt" eqo o gtekcn''r wtr qugu. "kp"qtf gt "vq"eqo r n{ "y ky "yi 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'cnuq'twgf 'yi cv'kphqto cvkqp"vq"dg'r tqxkf gf ''d { "c''tgs wguvgt''vq"cp"ci gpe { "kpenwf gu''yi g''r wtr qug''qh''yi g''tgs wguv,''yi g''kf gpvkv{ "qh''yi g''tgs wguvgt."'yi g''tgeqtf u''tgs wguvgf."cpf "qyi gt''kphqto cvkqp"pgeguuct { "vq"f gygto kpg'kh''yi g''rkuv'qh'kpf kxkf wcni'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**

	I have requested a list of individuals from the following agency I am requesting the list of individuals on behalf of (check which one applies):							
			•	al Behalf (skip to	*			
		Or	ganization or	Business (comple	ete a. – d. before	e proceeding to 3.)		
	a.	If an organ	nization or bus	siness, the name of	of the organization	on or business is:		
	b.	If an organ	nization or bus	siness, the purpos	e of the organiza	ation or business is:		
	c.	If an organ	nization or bus	siness, the mailing	g address and w	ebsite address are:		
	d.	organization is for a lis	on recognized t of applicant	by the profession	onal licensing on nal licenses a	nal association or or r examination board, and of professional Yes	and (ii) the request	
3.	Th	The purpose in making this request for the list of individuals is:						
4.		or the organ		ess intend to ge Yes	enerate revenue No	e or financial benefi	t from using the	
5.	I or the organization/business intend to solicit money or financial support from any of the individuals on the list: Yes No							
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:							
7	т	Yes	No	1 .	1 11 4	1: 4	,	
7.	org or	ganization o	or business, the sted in paragr		dual (someone	ne list of individuals other than myself or Yes		
8.	my	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:  Yes  No  If yes, provide specific citation:						
t d d c t	rue lecla orga ertif ousir	and correct aration formalization or fy under places received	et. I certify n and I unde business by penalty of p e pursuant to	under penalty rstand that a lis a public agency perjury that an	of perjury tha t of individuals if the list will l ny list of ind	e of Washington that I have read the following the cannot be provided be used for a common ividuals I or my will not be used for	irst page of this I to me or to my ercial purpose. I organization or	
Ι	OAT	ED this		of	,in	City, Stat	•	
			Day	Month	Year	City, Stat	e	
-	Signature of Declarant				Print Name			
]	Decl	arant's Titl	le (if any):					
]	Decl	arant's Co	ntact Informa	ation (Phone or o	email, or both):	:		