

Non-Commercial Purpose Declaration

PUBLIC RECORDS REQUEST

List of Individuals

1. REQUESTOR'S NAME	2. DATE OF REQUEST
3. REQUESTOR'S MAILING ADDRESS EMAIL AND/OR OTHER CONTACT INFORMATION	4. TELEPHONE
5. REQUESTED INFORMATION	
<p>You have requested access to a list or lists of individuals. RCW 42.56.070(8) prohibits agencies from providing access to lists of individuals requested for commercial purposes (with the exception of recognized professional associations or educational organizations). To receive the requested list, you must complete the declaration contained in Section 1 that you will not use the list for a commercial purpose. "Commercial purpose" is defined as profit expecting business activity. Upon such declaration you will be provided with the requested list, however if applicable to your request, current residential address and residential telephone information of health care providers will be removed in accordance with RCW 42.56.350(2).</p>	
<p>If you been approved as a professional association or educational organization, you need not complete the declaration in Section 1, but you must follow the instructions in Section 2. <i>*ALL REQUESTORS MUST ANSWER QUESTIONS ON PAGE 2:</i></p>	
<p><i>PLEASE COMPLETE SECTION 1 OR SECTION 2 BELOW THEN ANSWER QUESTIONS ON PAGE 2.</i></p>	
<p>SECTION 1 – PERSONAL USE – NO PROFESSIONAL OR EDUCATIONAL AFFILIATION: For Non-Commercial Purpose</p> <p>I declare that I and/or the entity I represent will not use the requested records for commercial purposes. I also acknowledge it is my affirmative duty to prevent others from using the records for commercial purposes.</p> <p>I understand that the use for commercial purposes of said records may also violate the rights of the individuals named herein and may subject me to liability for such commercial use.</p> <p>I understand that "commercial purposes" means that the person/entity requesting the records intends to use them to facilitate profit-expecting business activity.</p> <p>Signature _____</p>	
<p>SECTION 2 – RECOGNIZED PROFESSIONAL ASSOCIATION OR EDUCATIONAL ORGANIZATION: For Commercial (Business) Purpose</p> <p>Approved professional associations or educational organizations recognized by the appropriate professional licensing or examination board may obtain a complete list including current residential address and residential telephone information of health care providers. Please note that associations or educational organizations must obtain approval. If this approval has not been established, additional processing may be required.</p> <p>I declare that I and/or the entity I represent will not provide the list to other persons or organizations for any purpose.</p> <p>Signature _____</p>	

DECLARATION UNDER PENALTY OF PERJURY

The PRA at RCW 42.56.080 authorizes agencies to require a requester to provide information as to the purpose of a request "to establish whether inspection and copying would violate RCW 42.56.070(8)."

1. I am requesting the list of individuals on behalf of (specify which one applies):

_____ My Own Personal Behalf _____ Organization or Business (complete a.– d.)

a. If an organization or business, the name of the organization or business is:

b. If an organization or business, the purpose of the organization or business is:

c. If an organization or business, the website address is:

d. If an organization or business, (i) it is a professional association or educational organization recognized by the professional licensing or examination board, and (ii) the request is for a list of applicants for professional licenses and of professional licensees of the subject area of the association or organization:

_____ Yes

_____ No

2. The purpose in making this request for the list of individuals is:

3. I or the organization/business do not intend to generate revenue or financial benefit from using the list of individuals:

_____ Agree

_____ Disagree

4. I or the organization/business do not intend to solicit money or financial support from any of the individuals on the list:

_____ Agree

_____ Disagree

5. I or the organization/business do not intend to make individuals on the list aware of business commercial entities, business/financial enterprises, or business/financial opportunities:

_____ Agree

_____ Disagree

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 any list of individuals I or my organization or business receive pursuant to request (#/date/name _____)

To the (name of agency) will not be used for any commercial purpose in violation of RCW 42.56.070(8).

DATED this _____ of _____, 20__ in _____
(City, State)

Signature of Declarant

Print Name

Declarant's Title (if any):