

Office of Administration



DECLARATION OF NON-COMMERCIAL PURPOSE

We will respond to your request within 5 business days and provide you with a reasonable time estimate necessary to respond.

Section A - Requestor Information			
Requestor Name	Phone Number	Today's Date	
Mailing Address	City	State	Zipcode
Email Address			
Section B - Records Request			
I am Requesting the List of:		<input type="checkbox"/> On my own personal behalf <input 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		Organization or Business Website Address	
Organization or Business Purpose:		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 applications for professional licenses or professional licensees of the subject area of the association or organization <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section C - Purpose of the Request			
The Purpose of Making the Request is:			
I or the organization/business intend to: • Generate revenue or financial benefit from using the list of individuals, taxpayers and/or persons <input type="checkbox"/> Yes <input type="checkbox"/> No • Solicit money or financial support from any of the individuals, taxpayers and/or persons on the list <input type="checkbox"/> Yes <input type="checkbox"/> No • 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 type="checkbox"/> No • 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 type="checkbox"/> No *If Yes, to whom _____			
Section D - 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 _____ cannot be provided to me, or to my organization/business by the Town of Steilacoom 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	In (City, State)	
Printed Name	Title (if any)		