

REQUEST FOR PUBLIC RECORDS

Name: _____ Date: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: Home: _____ Work: _____

Nature of Request:

- Opportunity to review records (no original record may leave this office)
- Copies of records

Please read and sign the following statement:

I have requested public records for a noncommercial purpose. I understand that if the records should be used for a commercial purpose, a verified statement of the purpose must be submitted per A.R.S. §39-121.03.

Date

Signature

Notice: A fee of \$0.25 will be charged per page.

Records Request (please be as explicit as possible as to the records you desire):
