



PINAL COUNTY  
wide open opportunity

## Pinal County Public Records Request

**Fax to:** (520) 866-6006 or scan and e-mail to [heather.murphy@pinalcountyz.gov](mailto:heather.murphy@pinalcountyz.gov)

**Mail to:** Pinal County, PO Box 827, Florence, AZ 85232

### **How to Request Information:**

Pinal County complies with the provisions of Title 39 of the Arizona Revised Statutes, also known as the Public Records Act. Individuals requesting copies of such information must sign and complete the Public Records Request.

### **Process for Researching Information:**

The appropriate staff member will research the information requested in a timely manner. There are times when the information has been archived and must be retrieved. At other times, documents may be handled by personnel in more than one department. Requests will be processed in a timely manner, usually within five working days, but requesting individuals must allow for delays.

Date: \_\_\_\_\_ Name of Requesting Party: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I request that the Pinal County Development Services: **[check appropriate box(es)]**

Provide a copy or other reproduction of the following public records:

I would like to set up an appointment to review the following:

**Note: Be specific, provide as much information as possible (dates, names, ranges, etc.)** \_\_\_\_\_

\_\_\_\_\_

(Use reverse side for additional space for information)

The records are to be used for: **[check appropriate box]**

Non-Commercial Purposes

Commercial Purposes

If the records are to be used for commercial purposes specifically state those purposes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Requesting Party's Signature

### **Verified Statement of Commercial Purpose**

I have indicated above that the reproductions of the public records which I have requested are to be used for commercial purposes, I declare that the reproductions will be used solely for the purpose described above and that the reproductions will not be used directly or indirectly for a different purpose than described above. I declare under penalty of perjury that the foregoing is correct and true.

\_\_\_\_\_  
Requesting Party's Signature

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

#### **For Internal Use Only**

Public Records Request for:

Assistant County Manager

Finance/Purchasing

Budget

Fleet

Facilities

Information Technology

Other \_\_\_\_\_

Date Routed to Dept: \_\_\_\_\_

To whom was it routed: \_\_\_\_\_

Request completed by: \_\_\_\_\_

Number of pages: \_\_\_\_\_

Date to customer: \_\_\_\_\_

**DUE DATE:** \_\_\_\_\_

**AMT RCVD:** \_\_\_\_\_

**RECEIPT NO:** \_\_\_\_\_

INFO PROVIDED: \_\_\_\_\_