

# 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 will be charged for copying based upon actual cost for providing the information.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_