



PUBLIC RECORDS REQUEST

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Date Range being requested: Start: _____ End: _____

Please be as specific as possible to assist in processing your request. Identify subjects, titles, or authors of documents requested.

Description: _____

Please select the purpose of this request. Commercial Personal Media

Please describe the intended use: _____

Please select your preference for formatting: Inspect On-site \$10 E-Drive

You will be notified when the requested item(s) is ready for pick up or review. Once notified, the item(s) will be available for 30 days. If the item(s) is not picked up or reviewed after 30 days it will no longer be available.

By submitting this form, you agree to have read and understand all information above, under penalty of perjury, you hereby declare the public records requested will be used solely for non-commercial purposes unless indicated in this request. The information submitted in this contact form may constitute a public record as defined in A.R.S. § 41-151.18, and may be subject to inspection by or disclosure to third parties upon request for commercial or non-commercial use in accordance with A.R.S. § 39-121 et al.

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Name: _____ Signature: _____ Date: _____

Please submit form to:
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