MARICOPA ASSOCIATION of GOVERNMENTS

TODAY'S DATE:_____

PUBLIC RECORDS REQUEST FORM

YOUR NAME:	PHONE NUMBER:

ADDRESS:	City:	State:	Zip:

E-MAIL:

I hereby certify under penalty of perjury that the requested records will not be used for commercial purpose as defined in ARS § 39-121.03

Your signature: _____ Date: _____

The following information is needed before a records search can be conducted for your information.

PLEASE PRINT CLEARLY

If the record will be used for a commercial purpose, please state that purpose below:

I would like to: ☐ Review the requested documents ☐ Purchase existing documents (Full documents priced individually.) ☐ Obtain photocopies of the requested documents (Copying charges will apply based on page size and color.)

☐ Receive documents electronically

Documents requested (please be as specific as possible):

REQUESTER, PLEASE DO NOT WRITE BELOW THIS LINE

Amount received $ _____ Payment received in form of: Cash _____ Check _____ Other _____

Employee(s) who filled this request:

Date request filled: _____ ☐ Picked up by requester on _____ (DATE) ☐ Provided via e-mail ☐ Other _____

☐ Enclosed is the record you requested. The record was not edited.

☐ Per Arizona Supreme Court guidelines, the attached record has been edited due to confidentiality rights of individuals named within.

The following information was redacted _____

_____

☐ No record was found based on the information you provided.

☐ Other _____

Revision Date: 12/18/19