

**PUBLIC RECORDS REQUEST**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip)

E-mail address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

***Nature of request:***

- Opportunity to review records (no original record may leave the custodian’s office)
- Copies of records.

***Records requested:***

Be as specific as possible. Attach additional pages, if necessary.

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***Purpose of Request:***

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**NOTICE:** A fee shall be levied on each request to cover the cost of making copies, staff time, computer time, etc. Fees will be collected prior to releasing material. The fees will be based upon the following:

- 10 cents per copy for materials indicated as Governing Board minutes, agendas, financial records, contracts, courses of study, or statistical summaries.
- 35 cents per copy for materials not listed above that require additional clerical and/or professional staff time to make available.
- Actual cost, if available, will be assessed.
- Free copies shall be furnished if they are to be used in claims against the United States.
- Please read and sign the following statement:

I have requested public records of the school district 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_