



REQUEST FOR PUBLIC RECORDS

Date: _____

Name: _____

Organization: _____

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Phone

Email

Nature of Request:

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

Please indicate whether you are using the public record for a commercial or non-commercial purpose:

- Commercial
- Non-Commercial

I have requested public records of the school district for a non-commercial purpose. I understand that if the records should be used for a commercial purpose, a verified statement of purpose must be submitted per [A.R.S. 39-121.03](#).

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. Fees are posted on the district's Public Records Request web page.

I hereby request copies of the following public records:

Purpose of request:

Signature of requestor

Date

PUBLIC RIGHT TO KNOW/FREEDOM OF INFORMATION
ARIZONA REVISED STATUTES TITLE 39