



CITY OF CASA GRANDE, ARIZONA

REQUEST FOR PUBLIC RECORDS (A.R.S. Title 39)

# of Pages

Amount Due (\$0.55/page for 8.5 x 11 size paper)

NAME

DATE

ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

PLEASE NOTE: Many records are in storage and will need to be retrieved for inspections and for copying. Requests should allow at least four full business days for this to occur. Occasionally, legal review by the city attorney may be necessary if issues of privacy or confidentiality arise. This may result in a brief delay in providing an appropriate response to your request.

\*Record request relating to medical records, must complete the attached HIPPA Release Authority form.

INDICATE WHETHER YOU DESIRE TO INSPECT OR COPY PUBLIC RECORDS; OR IF YOU WISH TO HAVE RECORDS E-MAILED TO YOU IF AVAILABLE ELECTRONICALLY.

INSPECT

COPY

EMAIL (if document is less than 4 pages)

EMAIL ADDRESS:

I understand that charges will be applied per Resolution 4994 dated 7/5/2016

SPECIFICALLY DESCRIBE THE RECORD REQUESTED FOR INSPECTION OR COPYING:

STATEMENT OF COMMERCIAL PURPOSE (MONETARY GAIN)

Yes

No

A.R.S. 39-121.03 - COMMERCIAL PURPOSE INCLUDES ANY USE OF PUBLIC RECORD FOR THE PURPOSE OF SALE OR RESALE OR FOR THE PURPOSE OF PRODUCING AN ITEM CONTAINING THE SAME INFORMATION CONTAINED IN THE PUBLIC RECORD FOR THE PURPOSES OF SOLICITATION FOR FINANCIAL GAIN. IF YOU ARE USING THE RECORD FOR COMMERCIAL PURPOSES AS DESCRIBED ABOVE, YOU MUST SIGN THE AFFIDAVIT OF COMMERCIAL PURPOSE.

I CERTIFY THAT ALL OF THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE OF REQUESTOR:

AFFIDAVIT OF COMMERCIAL PURPOSE

State of County of ss

Subscribed and sworn to before me this day of , 20

Notary Signature: Notary Seal

I, being first duly sworn state that the public records requested above are being request for a public purpose Signature

FOR OFFICE USE ONLY

DATE RECEIVED

DATE COMPLETED

CITY ATTORNEY AUTHORIZATION

- REQUEST APPROVED REQUEST DENIED

CITY ATTORNEY'S SIGNATURE