



PINAL COUNTY
wide open opportunity

Pinal County Public Records Request

Fax to: (520) 866-6512 or scan and e-mail to heather.murphy@pinalcountyz.gov

Mail to: Pinal County, PO Box 827, Florence, AZ 85132

How to Request Information:

Pinal County complies with the provisions of Title 39 of the Arizona Revised Statutes, also known as the Public Records Act. Individuals requesting copies of such information must sign and complete the Public Records Request.

Process for Researching Information:

The appropriate staff member will research the information requested in a timely manner. There are times when the information has been archived and must be retrieved. At other times, documents may be handled by personnel in more than one department. Requests will be processed in a timely manner, usually within five working days, but requesting individuals must allow for delays.

Date: _____ Name of Requesting Party: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

I request that the Pinal County Development Services: **[check appropriate box(es)]**

Provide a copy or other reproduction of the following public records:

I would like to set up an appointment to review the following:

Note: Be specific, provide as much information as possible (dates, names, ranges, etc.) _____

(Use reverse side for additional space for information)

The records are to be used for: **[check appropriate box]**

Non-Commercial Purposes

Commercial Purposes

If the records are to be used for commercial purposes specifically state those purposes: _____

Requesting Party's Signature

Verified Statement of Commercial Purpose

I have indicated above that the reproductions of the public records which I have requested are to be used for commercial purposes, I declare that the reproductions will be used solely for the purpose described above and that the reproductions will not be used directly or indirectly for a different purpose than described above. I declare under penalty of perjury that the foregoing is correct and true.

Requesting Party's Signature

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__.

My Commission Expires: _____

Notary Public

For Internal Use Only

Public Records Request for:

- Assistant County Manager
- Finance/Purchasing
- Budget
- Fleet
- Facilities
- Information Technology
- Other _____

Date Routed to Dept: _____

To whom was it routed: _____

Request completed by: _____

Number of pages: _____

Date to customer: _____

DUE DATE: _____

AMT RCVD: _____

RECEIPT NO: _____

INFO PROVIDED: _____