



PINAL COUNTY

**PINAL COUNTY ELECTIONS
REQUEST FOR PUBLIC RECORDS**

Name: _____ Date: _____

Address: _____

E-mail address: _____

Phone: Home: _____ Work: _____

Reason for Request:

Opportunity to review records (no original record may leave this office)

Copies of records

Other (please describe) _____

Please read and sign the following statement:

I have requested public records 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.

Date

Signature

Notice: A fee will be charged for copying based upon actual cost for providing the information.

Records Requested (please be as explicit as possible as to the records you are requesting)

MAIL TO: Pinal County Elections, P.O. Box 1592, Florence AZ 85132

Phone: 520 866-7550; Fax: 520 866-7551

Email: PC Elections_DL@pinalcountyaz.gov

Website: <http://pinalcountyaz.gov/elections/pages/home.aspx>

FOR OFFICE USE ONLY: Date Completed: _____ Completed By: _____