



Public Records Request Form

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 Form. Pinal County will process the request in a prompt manner taking into consideration possible extensive archiving and/or handling by various personnel and departments.

Submit to: Pinal County, Community Development Department, P.O. Box 2973, 31 North Pinal Street, Florence, Arizona 85132, Phone: (520) 866-6442, Fax: (520) 866-6530,
Email: DSPublicRecordsRequest@pinalcountyz.gov

Name of Requesting Party: _____
Address: _____
Phone: _____ Fax: _____ E-mail Address: _____

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

- Provide a copy or other reproduction of the following public records:
- Schedule an appointment to review the following:

Note: Be specific, provide as much information as possible (name of property owner or business, location, such as address or parcel # with Township, Range and Section, or zoning case #).

Please feel free to attach any further details, maps, drawings, etc.

Are records to be used for Non-Commercial purposes? If yes, please check box for confirmation and sign below.

Non-Commercial Only _____
Requesting Party's Signature Date

Verified Statement of Commercial Purpose

If the records are to be used for commercial purposes please specify: _____

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 Date

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

My Commission Expires: _____ Notary Public _____

For Internal Use Only

- Air Quality
- Community Development
 - Aquifer Protection
 - Building Safety
 - Civil Hearing Office
 - Code Compliance
 - Planning
- Public Health
- Public Works
- 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: _____
PRR # _____