



HEARING OFFICE

PUBLIC RECORDS REQUEST

Name: _____ Date: _____

Address: _____
(street) (city) (state) (zip code)

Phone: _____ Work: _____

Nature of Request:

- Copies of records
- Opportunity to review records (no original record may leave the Hearing Office)

Please read and sign the following statement:

I have requested public records of the Hearing Office 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.

(Signature)

(Date)

Records requested: (please be as explicit as possible as to the records you desire)

Notice: A fee will be charged for copying based upon actual costs for providing the information. (Unless the appropriate box is checked below, copies of photographs will be made on a regular copy machine at _____ per copy.)

[check if want copies of the following]

- audio-tape \$25
- colored photographs