

PUBLIC RECORDS INSPECTION AND COPY REQUEST FORM

Name of person making request: _____ Date of Request: _____
Address: _____ Tel. No.: _____

I, the person named above, hereby request the custodian of records for the _____ Department of the City of Douglas to provide for inspection and/or copying or other reproduction the public record(s) which are specifically described as follows:

I certify that the record(s) will be used for:

Commercial Purpose

Non-Commercial Purpose

Claim for a pension, allotment, allowance, compensation, insurance or other benefits which is to be presented to the United States or a bureau or department thereof.

Signature of requesting party

COMPLETE SECTION BELOW ONLY IF THE COPY REQUEST IS FOR A COMMERCIAL PURPOSE

Specifically state the purpose of your request: _____

I, _____, declare that I have read ARS 39-121.03 and understand its contents. I further declare under oath that the information I have provided on this form is true and correct.

Signature of requesting party

STATE OF ARIZONA)
County of Cochise)ss

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2021, by _____

My commission expires: _____
Notary Public