

CITY OF SHOW LOW, ARIZONA

REQUEST FOR PUBLIC INFORMATION

The following policies apply to all requests for materials/documents:

1. Each request, after its receipt, is reviewed and processed by the offices of the City Clerk and City Attorney. The requestor will be notified when the materials are available. Payment is due prior to receipt of the requested materials and/or information.
2. Materials may be faxed after payment has been received (including cost of transmission, if applicable). Materials requested to be mailed will be sent by first class mail after receipt of payment (including cost of postage). Make checks payable to the CITY OF SHOW LOW.
3. Charges for copies will be applied pursuant to a resolution of the Show Low City Council.

REQUESTED BY:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ (HOME) _____ (WORK)

RECORDS REQUESTED (please include time period):

ACTION REQUESTED (check ALL that apply): INSPECT COPY CERTIFICATION MAIL
 NONCOMMERCIAL USE COMMERCIAL USE* (complete below and back of form)

Signature Name Printed Date

*Pursuant to A.R.S. §39-121.03(a), state in detail how or for what purpose the records will be used:

Completed form may be faxed to the City of Show Low at (928) 532-4009

FOR OFFICIAL USE ONLY

CITY CLERK	<input type="checkbox"/>	DATE: _____
CITY ATTORNEY	<input type="checkbox"/>	DATE: _____
DEPARTMENT: _____	<input type="checkbox"/>	DATE: _____
_____	<input type="checkbox"/>	DATE: _____
_____	<input type="checkbox"/>	DATE: _____
NOTIFICATION TO REQ.	<input type="checkbox"/>	DATE: _____
PAYMENT TOTAL/REC'D: \$ _____	<input type="checkbox"/>	DATE: _____
PICKED UP/MAILED:	<input type="checkbox"/>	DATE: _____
STAFF HOURS (RESEARCH) _____		

DATE STAMP – RECEIVED

RECEIVED BY

AFFIDAVIT

**APPLICATION FOR PUBLIC RECORDS
FOR COMMERCIAL PURPOSES**

The undersigned, under oath, hereby deposes and states as follows in accordance with A.R.S. §39-121.03(a):

That the foregoing Application for Public Records sets forth accurately the commercial purposes for which the public records requested will be used pursuant to A.R.S. §39-121.03(a).

Dated this _____ day of _____, 20_____.

Applicant

STATE OF ARIZONA)
) ss.
County of Navajo)

This instrument was acknowledged before me this _____ day _____,
20_____, by _____.

Notary Public

My Commission Expires: