Print Form

TOWN OF BUCKEYE
PUBLIC RECORDS INSPECTION AND COPY REQUEST FORM

There is a current charge of 50 cents per page for reproducing material. If the material can be sent via fax or email this charge may be waived.

I, _____
Name (Please print)

Address: _____

City, State Zip: _____

Telephone Number: _____

on _____ (date) hereby request that the custodial of records for the Town of Buckeye provide for inspection and/or a copy or other reproduction certain public record(s) specified below:

_____

_____

_____

NOTE: If you would like to receive your request via fax or email please include either the fax number or email address below.

Fax Number **OR** Email Address: _____

Indicate whether the record(s) is(are) to be used for:

_____ Commercial Purpose _____ Non-Commercial Purposes

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

Specifically state the purpose of your request below:

_____

_____

_____

I, _____ , declare that I have read the Information and Instructions on back of this form (or A.R.S. § 39-121.03 itself) and understand the contents herein. I further declare under penalty of perjury that the foregoing is true and correct.

Requesting Party's Signature

STATE OF ARIZONA)
)
County of Maricopa)

_____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2006 by

_____.

My Commission Expires

_____

_____
Notary Public

For Town Use Only

Date Provided _____