



REQUEST FOR PUBLIC RECORDS

Contact Information:

Name: _____ Date: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone Number(s): _____ Fax: _____
 Email Address: _____

Public Records Requested:**Please Check One of the Following Delivery Methods:**

- Receive the public record(s) via the email address listed above at no cost.
- View the public record(s) at Yavapai College at no cost.
- Purchase copies of the public records.*

*If Option 3 selected, Yavapai College will contact you with the amount to pay. Paper copies are \$.25 per page. The fax charge is \$1.00 per page. Mailed documents are subject to postage fees. Requests for special reports or for commercial use will be assessed an appropriate value. Make checks payable to *Yavapai College*. Records release is subject to check clearance.

Indicate whether you are requesting the public records for a commercial or non-commercial purpose.

Commercial Non-Commercial

Commercial Purpose

***ARS §39-121.03D-For the purposes of this section, "commercial purpose" means the use of a public record for the purpose of sale or resale or for the purpose of producing a document containing all or part of the copy, printout or photograph for sale or the obtaining of names and addresses from public records for the purpose of solicitation or the sale of names and addresses to another for the purpose of solicitation or for any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of the public record. Commercial purpose does not mean the use of a public record as evidence or as research for evidence in an action in any judicial or quasi-judicial body.*

Commercial Purpose Statement

Sworn (or affirmed) to before me this ____ day of _____ 20__.

 Notary's Signature

My commission expires: _____

For Internal Use Only

Date Received _____ Request Received By _____

Div./Department Providing Record _____ Date Completed: _____

Payment Method: Check # _____ Money Order _____ Cash _____ # of Pages _____ Total Amount \$ _____