Town of Patagonia
P.O. Box 767
Patagonia, AZ 85624
Phone: (520) 394-2229 Fax: (520) 394-2861

OFFICE USE ONLY:
Date received:
Received By:

REQUEST FOR PUBLIC RECORDS (A.R.S. §39-121 & §39-161)

PERSON MAKING REQUEST

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number:

REQUESTED RECORDS

The following records are requested for:

☐ Inspection ☐ Copying ☐ Non-Commercial ☐ Commercial (see Town Clerk)

Please be as specific as possible (*e.g. specific names, dates, departments, or subject matter*).

Description of record(s):

Date Range of Record(s):

Preferred delivery method: ☐ Email ☐ Mail ☐ Pick-up

The foregoing records will be made available for inspection and/or copying by the Town Clerk's office during normal business hours. If the request cannot be filled immediately, staff will contact you within two (2) business days

Copies of non-commercial records will be provided at the following rates; payable in advance:

Non-Certified photocopies	$0.75 / page
Certified photocopies	$1.25 / page
Audio on Flash Drive	$5.00 / flash drive

I declare that I have read and understand A.R.S. §39-121 (Commercial purpose) and §39-161 (False Statement) and I further declare under penalty of law that the foregoing is true and correct.

_____ _____

Signature Date

**** FOR OFFICIAL USE ONLY****

Records released: _____ *Date:* _____

Number of pages: _____ *Hours spent on search and retrieval (for commercial purposes):* _____

Fee: _____ *Date delivered/mailed:* _____ *Staff initials:* _____