

## CITY OF EL MIRAGE, ARIZONA Request for Public Records (A.R.S. Title 39)

ROUTING

			RETURN COMPLETED FORMS TO CITY CLERK either 1) in person 2) email <u>santes@elmirageaz.gov</u> or 3) Fax 623-876-4203
NAME:		DATE:	NUMBER OF COPIES MADE
AGENCY NAME: ADDRESS:		PHONE:	EMAIL ADDRESS OF REQUESTOR
СІТҮ	STATE	ZIP	TOTAL AMOUNT DUE
	copy or inspect City re provided to the reques	ecords. The City may requ	requests that a reasonable amount of time be ire additional time to process more difficult requests inspection or copying:
Indicate whether you are using the public record for a commercial or non- commercial purpose. Commercial *Non-Commercial			
			pose of sale or resale or for the purpose of producing a

\* A.R.S. 39-121.03D –Commercial purpose includes any 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 to another for the purpose of solicitation or for any purpose where the purchaser can reasonably anticipate the receipt of monetary gain from direct or indirect use of the record. When a person requests copies of City records for commercial purposes, a statement setting forth the commercial purpose for which the copies will be used must be provided.

**Commercial Purpose Statement**