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Governor

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Chairman

ARIZONA BOARD OF EXECUTIVE CLEMENCY

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RECORDS REQUEST FORM

Date Requested _____	Requestor _____	Phone # _____
Address _____	_____	Fax # _____
_____	_____	_____

Pursuant to A.R.S. §35-131; 35-193 Payment in exact cash or check/money order only

Pursuant to Arizona Revised Statute 39-121.01, I request a copy of the above record from the Arizona Board of Executive Clemency.

- I certify the requested information *will not* be used for commercial purposes as defined in ARS 39-121.03 (D).
- I certify the requested information *will* be used for commercial purposes as defined in ARS 39-121.03 (D).

Please state the exact purpose below or attach separate statement

ARIZONA REVISED STATUTE SECTION 39-121.03

D. As used in 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 such public records for the purpose of solicitation or the sale of such 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 such public record. Commercial purpose does not mean the use of a public record as evidence or as research for evidence in an action in a judicial or quasi-judicial body of this state or a political subdivision of this state.

Printed Name of Requestor _____

Signature of Requestor _____ Date _____

For Board Office Use Only

# of pages copied _____	# of audio files to be copied _____	Mailing Cost _____	Total Quoted Cost _____
Request taken by: _____			Date: _____

For Official Use Only

Total fee received: _____ Date _____

Cash _____ Check/Money Order _____

Received by (Board staff signature required) _____

Date sent to Administrative Desk _____

Date Record(s) Mailed: _____ Other _____

Fee Schedule

Photocopy of any record	\$0.25 per page
CD duplicate of any audio file	\$5.00 per CD

ALL MAILING COSTS WILL BE AT THE CURRENT POSTAL RATE

Authorization for Release: _____ Date Approved _____

Records Received by (NAME AND DATE): _____

Revision 1/17/17 Distribution: 1 copy to Administrative Desk 1 copy to Board File

AMERICAN DISABILITY ACT: Persons with disabilities may request reasonable accommodations such as sign language interpreters. Requests should be made as early as possible to allow time to arrange accommodation.