



ARIZONA BOARD OF EXECUTIVE CLEMENCY
 1645 W. JEFFERSON, SUITE 101
 PHOENIX, AZ 85007

RECORDS REQUEST FORM

Date Requested _____ Requester's Name _____
 Requester's Address _____
 Phone No. _____ Fax No. _____
 Details of Request _____

*****Pursuant to A.R.S. § 35-131; 35-193 Payment in exact cash or check 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 that 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). 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 to be copied _____	# of audio files to be copied _____	Loc: _____	Panel: _____
# of video tapes to be copied _____	Mailing Cost: _____	TOTAL QUOTED COST: \$ _____	
REQUEST TAKEN BY: _____	DATE: _____		
Signature of person approving release of requested record _____			Date Approved _____

FOR OFFICIAL USE ONLY	
Total Fee Received: _____	Date: _____
<input type="checkbox"/> Cash _____	<input type="checkbox"/> Check/Money Order # _____
Rec'd by (Board staff signature required) _____	
Date sent Bus. Mgr. (or designee): _____	
# of pages copied: _____	# of audio file copied: _____
# of video tapes copied: _____	Date record(s) mailed: _____
Other: _____	

FEE SCHEDULE	
Photocopy of any record	\$.25 per page
Duplicate of any audio file	\$5.00 per tape
Duplicate of any video tape	\$7.00 per tape
CD duplicate of any audio file	\$5.00 per CD
ALL MAILING COSTS WILL BE AT THE CURRENT POSTAL RATE.	

RECORDS RECEIVED BY (NAME AND DATE) _____
 (Person picking up records up for a Law Enforcement or Government Agency must present I.O.)