



ARIZONA
BOARD OF EXECUTIVE CLEMENCY
1645 West Jefferson, Suite 101 Phoenix, Arizona 85007-3000
PHONE (602) 542-5656, FAX (602) 542-5680

PUBLIC RECORDS REQUEST FORM

Pursuant to Arizona Revised Statute 39-121.01, I request a copy of the public record(s) as listed in the description below.

Name (Please print) _____ Date: _____

Address: _____ Phone # _____

Name/ADC# of records being requested:

Description of request: (ex: if specific hearing, last Board hearing, etc.)

Type of Record: Audio (Qty) _____ **Hardcopy**

Are you a direct victim? Yes No

I wish to receive my requested information by: U.S. Mail Pickup at Board Office

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 or attach separate statement: _____

Arizona Revised Statute §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.

Signature of Requestor _____ **Date** _____

For Official Use Only

Request taken by: _____ Date: _____

of pages copied: _____ # of audio files copied: _____

Mailing Cost: \$ _____

Total Cost: \$ _____

Total Fee Received: \$ _____ Date: _____

Cash: _____ Check/Money Order # _____

Received by Board Staff (signature)

FEE SCHEDULE

Photocopy of Record: \$0.25 per page
CD of Audio file: \$5.00 per CD
Mailings: Current postal rate

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

***Please Note: If mailing or faxing in, we will notify you of the exact cost. Payment must be received prior to processing.**

Authorization to Release: _____ Date: _____

Records Transferred to: _____ Date: _____

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

Records Received by: _____ **Date:** _____