



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 # \_\_\_\_\_

Email address of person requesting the records: \_\_\_\_\_

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: _____	<p align="center"><b>FEE SCHEDULE</b></p> <p>Photocopy of Record: \$0.25 per page            CD of Audio file: \$5.00 per CD            Mailings: Current postal rate</p> <p align="center">Pursuant to A.R.S. §35-131: 35-193            Payment in exact cash or check/money order only.</p> <p><b>*Please Note: If mailing or faxing in, we will notify you of the exact cost. Payment must be received prior to processing.</b></p>
Mailing Cost: \$ _____	
<b>Total Cost:</b> \$ _____	
Total Fee Received: \$ _____ Date: _____	
Cash: _____ Check/Money Order # _____	
Received by Board Staff (signature) _____	
Authorization to Release: _____	Date: _____
<p><u>AMERICAN DISABILITY ACT:</u> Persons with disabilities may request reasonable accommodations such as sign language. Requests should be made early as possible to allow time to accommodate.</p>	

Records Received by: \_\_\_\_\_ Date: \_\_\_\_\_