



# PUBLIC RECORD INSPECTION & REPRODUCTION REQUEST

## INFORMATION SHEET

A.R.S. §. 39-121.03 requires a “public body” maintain public records and make them available for examination or copying during regular office hours (A.R.S. §. 39-121.03). *The regular office hours are Monday-Friday, 8 am – 5 pm, excluding holidays.*

### ***Non-Commercial Purpose***

There is no charge for examination of records but a Public Record Inspection & Reproduction Request form must be completed. Fees are charged for public records in accordance with the schedule for Public Records Request Fees.

*The name of the person requesting records for a non-commercial purpose is optional. Mail requests include a copy charge and postage costs.*

### ***Commercial Purpose***

Requests for copies, printouts and photographs of public records for a *commercial purpose* (any purpose in which purchases can reasonably anticipate monetary gain from direct or indirect use of the public record) must be accompanied by a certified statement setting forth the commercial purpose for which the records will be used and the form must be notarized.

Fees are charged in accordance with the schedule for Public Records Request Fees. The Town *must charge* for the records including:

- A portion of the cost to the Town for obtaining the documents or records to be produced;
- A reasonable fee covering the cost of time, equipment and personnel in making their production;
- The value of reproduction on the commercial market.

It is a *violation* of the public record law to:

- Obtain copies, printouts and/or photographs for non-commercial purposes, and use it/them for commercial purposes.
- Obtain copies, printouts and/or photographs for one commercial purpose and use the records for another commercial purpose.

A.R.S. §39-121.03 (C) sets forth the procedures for determining whether the records are being misused and penalties for falsely obtaining records for commercial use.

**PUBLIC RECORD INSPECTION &  
REPRODUCTION REQUEST**

Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Phone No. (optional) \_\_\_\_\_ Fax No: (optional) \_\_\_\_\_

Request to:     Examine Records  
                   Purchase Copies

Description of public records requested (be specific):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The requested records will be used for in accordance with A.R.S. §39-121.03 for a:

Non-commercial Purpose

Commercial Purpose  
(complete section below)

**COMMERCIAL PURPOSE REQUESTS ONLY**

Describe the manner in which these records will be used:

I, \_\_\_\_\_, declare that I have read the information contained on the Public Record Inspection and Reproduction Information Sheet and understand the contents therein. I further declare under penalty of perjury that the foregoing is correct and true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY: Department to complete the following information.**  
**FORWARD COMPLETED FORMS TO THE CLERK'S OFFICE.**

Date/Time Received: \_\_\_\_\_ / \_\_\_\_\_ Date/Time Completed: \_\_\_\_\_ / \_\_\_\_\_

**PUBLIC RECORD INSPECTION &  
REPRODUCTION REQUEST**

*Commercial Purpose Requests Only*

**Indemnity Statement**

I, \_\_\_\_\_, declare that I understand that the information supplied to me by The Town of Gilbert, Arizona, which is described below, is for information only. Reliance upon accuracy, reliability, and authority of this information is solely my own responsibility.

Describe the content of records (i.e. Ordinance No., Agenda Item/Date, Case File, Page Numbers of Minutes, Section of Municipal Code).

I hereby declare the Town of Gilbert, Arizona, free from any, and all damages, lawsuits, causes of action and liabilities that may result from my reliance upon and use of the above described information.

Person: \_\_\_\_\_

Company/Agency: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

(Street Address, City, State, Zip)

\_\_\_\_\_  
Signature      Date

State of Arizona      )  
                                  )ss.  
County of Maricopa    )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
Notary Public