

CITY OF BISBEE

REQUEST FOR PUBLIC RECORD

(A.R.S. Title 39)

DATE: _____

REQUESTED BY: _____ **PHONE:** _____

ADDRESS: _____

EMAIL ADDRESS: _____

**I HEREBY REQUEST THAT THE FOLLOWING CITY RECORD BE
PROVIDED FOR INSPECTION AND/OR COPYING:**

(Please be specific)

☐ **Inspect**

☐ **Copy**

I certify that I will be using the record(s) for:

☐ **NON-COMMERCIAL PURPOSES**

☐ **COMMERCIAL PURPOSES***

The City of Bisbee will attempt to promptly provide those public records which are available for inspection, subject to the availability of resources and any difficulties in locating these records. Certain records, or portions of them, may not be subject to public disclosure due to legal privileges, confidentiality or other legal restrictions. A fee will be charged for any copies that are provided. If the total fees for copying and/or mailing the requested records are estimated to exceed the sum of five dollars (\$5.00), the applicant will be required to pay the total estimated costs in advance.

I understand and agree to these conditions.

SIGNATURE OF REQUESTER

NOTE: THIS REQUEST IS A PUBLIC RECORD

RECEIVED BY _____

REFERRED TO _____

DATE _____

CITY ATTORNEY ☐ **Referred to** ☐ **Reviewed by**

DATE COMPLETED _____

*** Complete an AFFIDAVIT OF COMMERCIAL PURPOSE if you plan to use the record for commercial purposes**