

**CITY OF DOUGLAS
PUBLIC RECORDS INSPECTION AND COPY REQUEST FORM**

Name of person making request: _____ Date of Request: _____
Address: _____ Telephone No.: _____

I, the person named above, hereby request the custodian of records for the _____ Department of the City of Douglas to provide for inspection and/or copying or other reproduction the public record(s) which are specifically described as follows:

I certify that the record(s) will be used for:
____ Commercial purpose
____ Non Commercial purpose
____ Claim for a pension, allotment, allowance, compensation, insurance or other benefits which is to be presented to the United States or a bureau or department thereof

Signature of requesting person

COMPLETE THIS SECTION ONLY IF THE COPY REQUEST IS FOR A COMMERCIAL PURPOSE:

Specifically state the purpose of your request: _____

I, _____, declare that I have read A.R.S. 39-121.03 and understand its contents. I further declare under oath that the information I have provided on this form is true and correct.

Requesting party's signature

STATE OF ARIZONA)
County of Cochise) ss

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2012, by

_____.

Notary Public

My Commissions Expires:
