City of Tolleson ▪ Tel: (623) 936-7111 ▪ Fax: (623) 936-7117 ▪ cityclerk@tolleson.az.gov

City of Tolleson
Public Records Request Form

Name: _____ Date of Request: _____

Organization: _____

Address: _____

Phone Number: _____ Email Address: _____

Documents/Information Requested (including any applicable dates, if possible): _____

_____

_____

_____

_____Non-Commercial Purpose If for commercial purpose, please explain intended use: _____

_____Commercial Purpose* _____

***A.R.S. 39-121.03(D)** - "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 public records for the purpose of solicitation or the sale of 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 the public record. Commercial purpose does not mean the use of a public record as evidence or as research for evidence in an action in any judicial or quasi-judicial body.

Would you prefer a hard copy, a CD or an email? _____

FEES			
MATERIALS (minimum fee)		**EQUIPMENT AND PERSONNEL**	
Hard copies	$5 per request; includes up to 20 pages with an additional fee of $0.20 per page thereafter	Non-Commercial Purpose or Commercial Purpose	In addition to the fee for materials, after the first hour, a fee of $35.30/hour will be charged for the cost of equipment and personnel used in producing copies of the records or in converting the records into read-only electronic format, but not for the cost of searching records.
Archived records (records 3 years or older)	$20 per request; includes up to 20 pages with an additional fee of $0.20 per page thereafter		
CDs	$10 each		

CERTIFICATION AND ACKNOWLEDGMENT (required for all requests)

I certify that the foregoing information is true to the best of my knowledge and belief. I agree to pay all applicable fees at the time the requested is delivered. I understand copies that are not picked up within two weeks of the request will be billed, and documents will be given out only after payment is received.

Signature of Requestor _____

AFFIDAVIT OF COMMERCIAL PURPOSE (for commercial purpose requests)

State of Arizona)
County of Maricopa)

I, _____, being first duly sworn, state that the public record(s) requested above are being requested only for the purpose(s) set forth above and no other.

Subscribed and sworn before me this ___ day of _____, 20___.

_____
Signature of Requestor

(affix notary seal here) Notary's Signature _____

RECEIPT

Date Processed: _____ ☐ Mailed Record (paid in full) ☐ Notified for Pick-Up

$_____ =_____+____hours @ $35.30/hour ☐ Cash ☐ Check #_____
TOTAL DUE MATERIALS EQUIPMENT/PERSONNEL

Signature of Requestor _____ **Staff Releasing:** _____