



**REQUEST FOR RECORDS
TOWN OF ORO VALLEY, ARIZONA
Phone (520) 229-4700
Fax (520) 297-0428**

Name: _____ Date: _____

Business: _____ Telephone: _____

Address: _____

Item(s) requested: _____

Date(s), if known: _____

NOTE: Copy charge is \$.25 per page.

Signature

PLEASE COMPLETE IF COPIES ARE TO BE USED FOR A COMMERCIAL PURPOSE.

[] These reproductions of public records will be used for the following commercial purpose:

Signature

****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.*

(Arizona Revised Statute 39-121-03.D)

(NOTE: There is a 50 cents per page charge for documents used for commercial purposes.)

TO BE COMPLETED BY TOWN OF ORO VALLEY STAFF

DATE/TIME REQUEST RECEIVED: _____ (AM / PM) STAFF: _____

DATE/TIME REQUEST COMPLETED: _____ (AM / PM) COPY COSTS: _____