



**CITY OF EL MIRAGE, ARIZONA**  
**Request for Public Records**  
**(A.R.S. Title 39)**

**ROUTING**

**TO:**  
 RETURN COMPLETED FORMS TO CITY CLERK either 1) in person  
 2) email [santes@elmirageaz.gov](mailto:santes@elmirageaz.gov)  
 or 3) Fax 623-876-4203

NAME:	DATE:	<b>NUMBER OF COPIES MADE</b>
AGENCY NAME: ADDRESS:	PHONE	<b>CHARGES ARE BASED ON ESTABLISHED FEES</b>
CITY	STATE	ZIP
<b>TOTAL AMOUNT DUE</b>		

**PLEASE NOTE: Active public records are in various locations within the City. The City requests that a reasonable amount of time be expected for responding to any request to copy or inspect City records. The City may require additional time to process more difficult requests and if so, an estimated time frame will be provided to the requestor.**

Indicate whether you desire to inspect or copy public records

Inspect  
Copy

**Specifically describe the record requested for inspection or copying:**

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Indicate whether you are using the public record for a commercial or non-commercial purpose.

Commercial\*  
Non-Commercial

*\* A.R.S. 39-121.03D –Commercial purpose includes any 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 to another for the purpose of solicitation or for any purpose where the purchaser can reasonably anticipate the receipt of monetary gain from direct or indirect use of the record. When a person requests copies of City records for commercial purposes, a statement setting forth the commercial purpose for which the copies will be used must be provided.*

Commercial Purpose Statement

<b>FOR CLERK OFFICE USE ONLY</b>	<b>REQUEST APPROVED:</b>
DATE RECEIVED: _____ BY: _____	REQUEST DENIED:
DATE PROCESSED: _____ LOC: _____	<b>COMPLETION DATE/INITIALS</b>