

Arizona Western College Public Record Request Form

Contact Information

Name: _____ Date: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

Email Address: _____

Public Record(s) Requested:

Total Number of Pages: _____

Please check one of the following:

- I want to view the public record(s) at Arizona Western College at no cost.
 I want to purchase copies of the public record(s). Copied documents may be picked up or mailed upon receipt of payment.

Paper copies are \$0.25 per page. The scan charge is \$1.00 per scanned page. Mailed documents are subject to postage fees. Requests for special reports or for commercial use will be assessed an appropriate value. Affected parties will be informed of notice request and requesting party. Affected parties will be given the opportunity to redact certain confidential information, within reason.

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

Commercial* Non-Commercial

* Commercial Purpose

ARS §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 public records for commercial purposes, a statement setting forth the commercial purpose for which the copies will be used must be provided.

Commercial Purpose Statement:

Notary verification is required only for commercial purposes.

Sworn (or affirmed) to before me this ____ day of _____ 20____.

Notary's Signature

My commission expires: _____

Payment: Make checks payable to AWC. Information release is subject to check clearance.

Method of Payment: Check # _____ Money Order _____ Cash _____ Total Amount \$ _____

For AWC Use Only Approved Not Approved

Paid \$ _____ on ____ / ____ / ____

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

Form: 313-39

Rev: 10/2019

Custodian of Record Signature

Date Received

Date Closed

* Please email this completed form to PRR@azwestern.edu *