



FIRE DISTRICT OF SUN CITY WEST
PUBLIC RECORDS REQUEST
Request for Public Records (A.R.S. Title 39)

Public records for non-commercial purposes are provided at a cost of **\$.25 per page**. Additionally, if requested information is judged by the District to be archival in nature requiring staff time to research and acquire, such time will be reimbursable to the District by the requesting person at a rate equal to the hourly salary of the person completing the research and retrieval. For charges related to commercial requests, refer to Public Records Request Policy.

The information requested below must be completed. Requests without the required information will be returned to sender. If you are requesting information regarding an emergency incident and do not have the necessary incident information, you may contact the Administration Office at (623) 584-3500.

REQUESTOR NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

REQUEST FOR: Commercial Non-Commercial View Only Copy

Under the provisions of A.R.S. §39-121, Public Records Law, it is requested that the following records be released (you must be specific):

These records will be used for the following purpose(s) and explain who will use it and how it will be used:

and will not be used for commercial purposes.

I understand and agree that the Fire District of Sun City West does not guarantee the accuracy of the data and information requested and hereby expressly disclaims any responsibility for the truth, lack of truth, validity, invalidity, accuracy, or inaccuracy of any said data and information. I further agree to hold the Fire District of Sun City West, its agents and employees harmless from any claims, causes of action or other liability that may arise as a result of furnishing these documents to me or as a result of my use or misuse of these documents.

Please return this form, along with your payment to:

Fire District of Sun City West
 Public Records Request
 18818 N Spanish Garden Dr
 Sun City West, AZ 85375

Checks must be made payable to: Fire District of Sun City West

Please Note: Public records are in various locations within the District. The District requests that a reasonable amount of time be expected for responding to any requests to copy or inspect District 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.

Requestor's Signature _____

Date: _____

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

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

Specifically state the purpose(s) of your request and explain who will use it and how it will be used:

I, _____ (Requesting Party), declare that I have read the Fire District of Sun City West's Public Records Request Policy (or A.R.S. §39-121.03). I further declare under penalty of perjury that the foregoing is true and correct.

 Requesting Party's Signature

STATE OF ARIZONA)
 COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____, by _____

 Notary Public

My Commission Expires: _____

FIRE DISTRICT USE ONLY

Date Request Received _____	Date Processed _____	Processed By _____	Employee / Division Notified <input type="checkbox"/>
Request Approved <input type="checkbox"/>	Request Denied <input type="checkbox"/>	Disposition _____	Public Records:
Authorized By: _____	Date: _____		Viewed <input type="checkbox"/>
Copies \$ _____	Postage \$ _____	Other \$ _____	Total Amount Received \$ _____
			Mailed <input type="checkbox"/>
			Picked Up <input type="checkbox"/>