ARIZONA BOARD OF EXECUTIVE CLEMENCY
1645 W. JEFFERSON, SUITE 101
PHOENIX, AZ 85007

RECORDS REQUEST FORM

Date Requested _____ Requestor _____

Address _____ Phone # _____

_____ Fax # _____

_____

Pursuant to A.R.S.§ 35-131; 35-193 Payment in exact cash or check only***

Pursuant to Arizona Revised Statue 39-121.01, I request a copy of the above record from the Arizona Board of Executive Clemency.

○ I certify the requested information *will* be used for commercial purposes as defined in ARS 39-121.03 (D). State the exact purpose below or attach separate statement.

_____

ARIZONA REVISED STATUTE SECTION 39-121.03

D. As used in this section "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.

Printed Name of Requestor_____

Signature of Requestor_____Date_____

For Board Office Use Only

of pages to be copied_____ # of audio files to be copied:_____ Loc._____ Panel:_____

# of video tapes to be copied:_____ Mailing Cost:_____ TOTAL QUOTED COST $_____

REQUEST TAKEN BY:_____DATE:_____

Signature of person approving release of requested record   Date Approved

FOR OFFICIAL USE ONLY

Total Fee Received:_____ Date:_____
☐ Cash_____ ☐ Check/Money Order #_____
Rec'd by (Board staff signature required)
_____
Date sent Bus. Mgr. (or designee): _____
# of pages copied: ___·___·___ #..of audio' file copied::_____:
Date. record(s) mailed: ——— – Other:_____

FEE SCHEDULE

Photocopy of any record $ .25 per page
CD duplicate of any audio file $5.00 per CD

ALL MAILING COSTS WILL BE AT THE CURRENT POSTAL RATE.

Records Received by (NAME AND DATE): _____