



Dear Maricopa County Attorney's Office Custodian of Records:

I would like to _____ inspect or _____ reproduce the following public record(s):

Pursuant to A.R.S. § 39-121.03, I certify that the record(s) are requested for (*select one*):

_____ Non-commercial Purpose Only or _____ Commercial Purpose *

* A person who obtains public records for a commercial purpose without indicating the commercial purpose or who obtains a public record for a non-commercial purpose and uses or knowingly allows the uses of such public record for a commercial purpose or who obtains a public record for a commercial purpose and uses or knowingly allows the use of such public record for a different commercial purpose shall in addition to other penalties be liable to the state or the political subdivision from which the public record was obtained for damages in the amount of three times the amount which would have been charged for the public record had the commercial purpose been stated plus costs and reasonable attorney's fees or shall be liable to the state or the political subdivision for the amount of three times the actual damages if it can be shown that the public record would not have been provided had the commercial purpose of actual use been stated at the time of obtaining the records. A.R.S. § 39-121.03.

I certify that all information provided on this form is true. I agree to pay the applicable fees. I agree not to hold Maricopa County liable for any inaccurate or incomplete information I may receive.

Signature _____ Date _____

Name _____

Address _____

Phone _____ Email _____

*Submit your completed form by clicking on the **SUBMIT** button below.*

The information submitted in this form may constitute a public record as defined in A.R.S. § 41-1350, and may be subject to inspection by or disclosure to third parties upon request for commercial or non-commercial use in accordance with A.R.S. § 39-121 et al.