



**Custodian of Record**

- Office of Public Stewardship
- Media Relations at
- Admissions and Records (Enrollment Services) at
- Other (please specify):

# 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 MCCCC 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 fax charge is \$1.00 per page. Mailed documents are subject to postage fees. Requests for special reports or for commercial use will be assessed an appropriate value.

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\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary's Signature

**Payment**—Make checks payable to MCCCC. Information release is subject to check clearance.

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

Please deposit funds to:

**For MCCCC 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.*

\_\_\_\_\_  
Custodian of Record Signature