



# Public Records Request

Send To: Police Administration at [klemon@thatcher.az.gov](mailto:klemon@thatcher.az.gov)

Request is hereby made to \_\_\_ inspect or reproduce the following public records.

I certify that the record(s) (Please check one):

Will be used for a commercial purpose (ARS 39-121.03)

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 any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of the public record. Commercial purpose does not mean the use of a public record as evidence or as research for evidence in an action in any judicial or quasi-judicial body.

If for commercial purposes, state the specific use: \_\_\_\_\_

\_\_\_\_\_

Will be used for other purposes.

**Records Requested:** (Please be as specific as possible ie: report #, date of incident, names) Without specific information your request may not be fulfilled.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note: Public records are maintained in various locations and some records may contain private or sensitive information that requires additional review and possible redaction. Additional time may be needed to process requests involving these types of records and an estimated time frame will be communicated to the requestor.

**I agree to pay the fee of \$5.00 for the first 10 pages, \$.10 for each additional page. Video Recordings: \$25.00 for the first 30 minutes and \$25.00 each 30 minutes thereafter, this fee will be in addition to the delivery method fee of email \$9.00, flash drive \$20.00. Fee pursuant to ARS 41-1734**

Applicant’s Signature \_\_\_\_\_

Date \_\_\_\_\_

NAME (Print): \_\_\_\_\_

PHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX NO: \_\_\_\_\_

\_\_\_\_\_

EMAIL : \_\_\_\_\_