CITY OF SHOW LOW, ARIZONA
REQUEST FOR PUBLIC INFORMATION

The following policies apply to all requests for materials/documents:

1. Each request, after its receipt, is reviewed and processed by the offices of the City Clerk and City Attorney. The requestor will be notified when the materials are available. Payment is due prior to receipt of the requested materials and/or information. There is no fee to inspect documents.
2. Materials may be emailed after payment has been received (including cost of transmission, if applicable). Materials requested to be mailed will be sent by first class mail after receipt of payment (including cost of postage).
3. Charges for copies will be applied pursuant to a resolution of the Show Low City Council.

REQUESTED BY:

NAME: _____ COMPANY: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

ADDRESS: _____

RECORDS REQUESTED: Describe in detail the records requested, including the time period.

_____

_____

_____

ACTION REQUESTED (check ALL that apply)**:**

☐ INSPECT ☐ COPY ☐ MAIL ☐ EMAIL

Pursuant to A.R.S. §39-121.03, the applicant certifies that said documents: (check one)

☐ Will not be used for a commercial purpose. ☐ Will be used for the following commercial purpose.

Commercial Purpose:

If you are submitting a request for a commercial purpose, you must disclose this pursuant to A.R.S. 39-121.03. Please note that a commercial usage fee may apply. For the purposes of 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 public records for the purpose of solicitation or the sale of 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 the public record.

_____

_____

_____ _____ _____

Signature Name Printed Date

Completed form may be emailed to the City Clerk at rahall@showlowaz.gov

FOR OFFICIAL USE ONLY

CITY CLERK	☐	DATE: _____
CITY ATTORNEY	☐	DATE: _____
DEPARTMENT: _____	☐	DATE: _____
_____	☐	DATE: _____
_____	☐	DATE: _____
NOTIFICATION TO REQ.	☐	DATE: _____
PAYMENT TOTAL/REC'D: $_____		DATE: _____
PICKED UP/MAILED/EMAILED:	☐	DATE: _____

DATE STAMP – RECEIVED

_____

RECEIVED BY