MOHAVE COUNTY
MANAGER'S OFFICE
PUBLIC RECORDS REQUEST FORM
928-753-0729

I would like to request a copy of the following records from the County Manager's Office pursuant to A.R.S. 39-121.01: _____

_____

_____

_____

_____

_____

According to A.R.S. 39–121.03A you must declare if the requested information will be used for commercial purposes and state that purpose.

☐ **Will** be used for commercial purposes (Define in detail on a separate sheet.)

☐ Will **not** be used for commercial purposes.

I certify that the information provided is true and correct. I understand there will be a charge of 20 cents per page for paper copies, additional department charges for copies in alternate format and for postage if any. I agree to pay the fee or deposit for these records (A.R.S. 39–121.01–D1).

Today's Date: _____

Printed/Typed Name: _____

Signature: _____

Phone: _____

Address: _____

Email: _____

After completing form, sign and send original to P.O. Box 7000, Kingman, AZ 86402–7000 ATTN: Mohave County Manager's Office warem@mohave.gov

~TO BE COMPLETED BY MANAGER'S OFFICE~

Approved: [ ] Yes

[ ] No, for the following reason: _____

_____

_____

_____ _____

Mohave County Manager County Attorney

Assigned to: _____

_____

Notes: _____

_____

Total pages copied _____ @ .20 (general copies) = _____

_____ Other Maps / Disk = _____

Total Charge $ _____

Completed by: _____ Date: _____

Received by: _____ Date: _____