TOWN OF GILA BEND
PUBLIC RECORDS INSPECTION AND COPY REQUEST FORM

I, _____
Name, Address and Telephone Number of Requesting Party

on _____ (Date) hereby request that the custodian of records for the Town of Gila Bend provide for inspection and/or copy or other reproduction certain public record(s) specified below:

Indicate whether the record(s) is(are) to be used for:
___ Commercial Purpose ___ Non-Commercial Purposes

COMPLETE THIS SECTION ONLY IF THE COPY REQUEST IS FOR A COMMERCIAL PURPOSE
Specifically state the purpose of your request below:

_____
_____
_____

I, _____, declare that I have read the Information and Instructions on back of this form (or A.R.S. § 39-121.03 itself) and understand the contents herein. I further declare under penalty of perjury that the foregoing is true and correct

_____
Requesting Party's Signature

STATE OF ARIZONA)
)
County of Maricopa)

SUBSCRIBED AND SWORN TO before me this ____ day of _____, _____ by _____.

_____
My Commission Expires:

Notary Public

_____ Total pages at $.10 each = $ _____

Search Fee $ _____

Total to be collected $ _____

For Town Use Only

Date Requested:

Date Provided: _____