



## Non-Commercial Purpose **PUBLIC RECORDS REQUEST**

*All information provided on this form is subject to disclosure in response to a public records request.*

Requestor Name (First, Last)

Phone

Date

Email (to provide records via email)

Address (to provide records via U.S. Mail)

I 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:

Document(s) Requested (Please be as specific as possible):

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**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 provided to the requestor.

### For Internal Use Only

Amount Received

Request Filled By

Date Filled

Type of Information Redacted

Reason for NO RECORDS provided

Page Count

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PER PAGE

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\$

Postage Cost

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