

Email to dmiller@paradisevalleyaz.gov

PUBLIC RECORDS REQUEST

All information provided on this form is subject to disclosure if requested.

Requestor Name:	Date:
Address:	
(Additional fee will apply if records are to be mail	ed)
Telephone Number or Email Address: (To contact you if there are questions, delays, or	
Records Requested: (Please be as specific as	possible) A copying fee may be charged.
Is this a commercial request? Yes No (Commercial purpose is defined as: "the use of a for the purpose of producing a document contain photograph for sale or the obtaining of names an purpose of solicitation or the sale of such names solicitation or for any purpose in which the purch monetary gain from the direct or indirect use of sale	public record for the purpose of sale or resale or ing all or part of the copy, printout or d addresses from such public records for the and addresses to another for the purpose of aser can reasonably anticipate the receipt of
If for a commercial purpose, please exp	ain the intended use:
By submitting this request you certify that the forbest of your knowledge. You further agree to paydelivered.	
Please note: The Town will endeavor to fulfill requin various locations and some may contain confid possible redaction. Additional time may be neces	ential information that requires review and
For Office Use Only:	
Date Fulfilled:	
Number of Pages or Electronic File:	
Amount Due:	

Comments: (Reason records were withheld or redacted)