

ICR Sanitary District

PO. Box 1963

Prescott, AZ 86302

Telephone (928) 445-5606 * Fax (928) 441-1895

REQUEST FOR PUBLIC RECORDS

Name: _____ Date: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: Home: _____ Work: _____

Nature of Request:

- Opportunity to review records (no original record may leave the premises)
- Copies of records

Please read and sign the following statement:

I have requested public records for a noncommercial purpose. I understand that if the records should be used for a commercial purpose, a verified statement of the purpose must be submitted per A.R.S. §39-121.03.

Date Signature

Notice: A fee of \$0.25 per page will be charged for copies. A fee of \$7.00 is charged for copies of audio tapes of Public Meetings . (Records may be mailed upon request; fee will include postage.)

Records Request (please be as explicit as possible as to the records you desire):

Mail this request to the address above or Fax to 441-1895