



NON-COMMERCIAL PURPOSE

PUBLIC RECORDS REQUEST

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

REQUESTOR NAME

PHONE

DATE

ADDRESS TO SEND RECORDS:

PICK-UP

E-MAIL

MAILING (please also include a phone number)

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 communicated to the requestor.

Records Requested: (Please be as specific as possible)

Email to: publicrecordsrequest@scottsdaleaz.gov

Mail to: Public Records Request Administrator
City Attorney's Office CH103
3939 N Drinkwater Blvd
Scottsdale, AZ 85251

To be completed by City Staff

AMOUNT RECEIVED	# PAGES PROVIDED	COST OF COPIES
PAYMENT METHOD:	CASH CHECK	CREDIT CARD OTHER

CUSTODIAN OR COORDINATOR WHO FILLED THIS REQUEST

DATE REQUEST FILLED

THE FOLLOWING TYPES OF INFORMATION WERE REDACTED

REASON NO RECORDS WERE PROVIDED

OTHER