



COMMERCIAL PURPOSE

# PUBLIC RECORDS REQUEST

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

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**Date:**

**Requestor Name:**

**Phone:**

**Delivery Method (choose one):**

Pick-up (above phone number is required as Requestor will be contacted when records are available)

E-Mail (must provide E-Mail Address):

Mail (must provide mailing Address):

**Records 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. If there is going to be a delay in providing the records, an estimated time frame will be communicated to the requestor.**

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## **SUBMITTAL INSTRUCTIONS:**

Print and Mail to:

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