



Date:

Employee Personnel Files

Your Name:	Phone Number:
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Address:	City:	State:	Zip:
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I hereby certify under penalty of perjury that the requested records will not be used for commercial purpose as defined in ARS § 39-121.03

Not for commercial purposes Date: _____

The following information is needed before a records search can be conducted for your information.
PLEASE PRINT CLEARLY

If the record will be used for a commercial purpose, please state that purpose below:

I would like to: Review requested documents Obtain photocopies of requested documents
(There is a charge of 20 cents per page for 8 ½ x 11 photocopies and \$5 per page for microfilm copies)

Documents requested (please be as specific as possible):

REQUESTER, PLEASE DO NOT WRITE BELOW THIS LINE

Amount received \$ _____ Payment received in form of: Cash _____ Check _____ Other _____

Employee(s) who filled this request: _____

Date request filled: _____ () Picked up by requester on _____ () Left in requester's media box () Other _____
DATE

() Enclosed is the record you requested. The record was not edited.
 () Per Arizona Supreme Court guidelines, the attached record has been edited due to confidentiality rights of individuals named within.
 The following information was redacted

() No record was found based on the information you provided.
 () Other _____