



CITY OF MESA TAX & LICENSING PUBLIC RECORDS REQUEST FORM

Requestor Name:		Phone:	
Address:			
City:		State:	Zip:
I hereby certify under penalty of perjury that the requested records will not be used for commercial purposes as defined in A.R.S. 39-121.03			
<input type="checkbox"/> Not for Commercial Purposes		Date:	
Printed Name:		Signature:	
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:		<input type="checkbox"/> Review Requested documents	<input type="checkbox"/> Obtain photocopies of requested documents
Documents requested:			
REQUESTER, PLEASE DO NOT WRITE BELOW THIS LINE			
Amount Received: \$ _____		Form of Payment: Cash _____ Check _____ Other _____	
Employee(s) who filled the request:			
Date request filled: Picked up by requestor on:			
		Emailed <input type="checkbox"/>	Faxed <input type="checkbox"/>
		In person <input type="checkbox"/>	Other <input type="checkbox"/>
<input type="checkbox"/> Enclosed is the record you requested. The record was not edited. <input type="checkbox"/> Per Arizona Supreme Court guidelines, the attached record has been edited due to confidentiality rights of individuals named within. The following information was redacted: _____ _____			
<input type="checkbox"/> No record was found based on the information you provided. <input type="checkbox"/> Other _____ _____			