



GREENLEE COUNTY ATTORNEY'S OFFICE

STATE OF ARIZONA

P.O. Box 1717 • 223 5th Street, Clifton, AZ 85533
Phone: (928) 865-4108 • Fax: (928) 865-4186 • Web: greenlee.az.gov

PUBLIC RECORDS REQUEST FORM

Pursuant to A.R.S. §§ 39-121 through 39-128, public records are available for inspection and copying. Please complete all sections of this form to ensure timely processing of your request.

SECTION 1: REQUESTER INFORMATION

Full Name: _____ Date: _____
Organization/Media: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____ Email: _____

SECTION 2: DECLARATION OF COMMERCIAL / NON-COMMERCIAL PURPOSE

Mandatory Declaration (A.R.S. § 39-121.03): You must state whether the records requested will be used for a commercial or non-commercial purpose. Check one box below.

- ☐ **NON-COMMERCIAL PURPOSE:** I certify that the requested records will **NOT** be used for commercial purposes.
☐ **COMMERCIAL PURPOSE:** The requested records **WILL** be used for a commercial purpose.

If Commercial, describe precise purpose: _____

STATUTORY WARNING (A.R.S. § 39-121.03(C)): "Commercial purpose" includes the sale or resale of a public record, or obtaining names and addresses from public records for solicitation or financial gain. Any person who obtains records for a commercial purpose without declaring it, or who uses non-commercial records for commercial gain, is liable for **treble damages** (three times the commercial fee) plus court costs and attorney fees.

SECTION 3: INFORMATION & RECORDS REQUESTED

Please provide specific details to assist in locating the record(s). Unspecific or broad requests may delay processing.

Prosecutorial / Case #: _____ LE Agency & Report #: _____
Defendant / Subject Name: _____ Date / Date Range: _____

Detailed Description of Documents, Audio, Video, or Records Requested:

SECTION 4: PREFERRED DELIVERY FORMAT

- ☐ Electronic (Email/Portal) ☐ Physical Inspection (In-Person) ☐ Hard Copies (Mail) ☐ Media Drive (CD/USB)

SECTION 5: FEE SCHEDULE & FINANCIAL AUTHORIZATION

Non-Commercial: Standard per-page printing fees (\$0.25/page) or actual cost of media storage (USB/CD) and postage.

Commercial: Fees assessed pursuant to A.R.S. § 39-121.03(A), including personnel time, equipment costs, and record value.

Prepayment: Fee estimates will be provided prior to fulfillment. Payment is required prior to record release.

I authorize copying/processing fees up to: _____ \$ _____ (Request will be paused if costs exceed this amount)

SECTION 6: STATUTORY EXEMPTIONS & CONFIDENTIALITY NOTICE

Records maintained by the County Attorney's Office may be withheld or redacted in whole or part pursuant to Arizona statutory exemptions and protective privacy doctrines, including but not limited to:

- **Active Law Enforcement Investigations / Prosecutions:** Redactions made where disclosure would impair an ongoing prosecution or compromise public safety (*Carlson v. Pima County*, 141 Ariz. 487).
- **Victims' Rights & Privacy:** Crime victim identifiers and personal information protected under A.R.S. Const. Art. II, § 2.1 and A.R.S. § 13-4434.
- **Criminal Justice Information (CJI):** Federal and state restrictions governing criminal history record information (ACIC/NCIC).
- **Privileged Communications:** Statutory Attorney-Client Privilege (A.R.S. § 13-4062) and Attorney Work-Product doctrine.
- **Juvenile & Grand Jury Records:** Confidentiality mandates under A.R.S. § 8-208 (Juvenile) and A.R.S. § 13-1072 (Grand Jury).

SECTION 7: CERTIFICATION & SIGNATURE

By signing below, I certify that the information provided on this form is true and correct, and that the requested records will be used solely as declared in Section 2 above.

Signature: _____ **Date:** _____

Printed Name: _____

FOR OFFICIAL / COUNTY ATTORNEY OFFICE USE ONLY

Date Received: _____ **Received By:** _____ **Tracking #:** _____

Assigned To: _____ **Fee Assessed:** _____ **Paid Date:** _____

Status: ☐ Approved ☐ Approved with Redactions ☐ Denied ☐ Fees Pending

Redaction / Denial Notes: _____