

PRICES:

## City of Benson Public Records Request

120 W. 6th Street, Benson, AZ 85602 Phone – 520-586-2245, Fax – 520-586-3375 www.cityofbenson.com

Number of pages
Amount Due

**PLEASE NOTE:** A public records request may by submitted via e-mail, fax or in person to the City Clerk. The City requests a minimum of 48 hours notice for any request to copy or inspect public records. However, if legal review by the City Attorney should be necessary, your request may need additional time.

Non-commercial copies – \$ .25 per page

Commercial copies — \$ .50 per page CDs — \$ 5.00 per CD				
- ψ 3.00 per CD				
Requesting Party:	to inspect a record			
Name: or if you require a copy of the document:				
Address:	Ins	spection of record		
	Co	ppy of record		
Phone Number:	•			
Description of the requested record:				
Indicate if you are using the requested record for a commercial or non-commercial purpose:				
Non-commercial purpose				
Commercial purpose (required affidavit of commercial purpose) –	if commercial purpose, st	ate intended use:		
COMPLETE THIS SECTION IF THE REQUESTED RECORD IS FOR A COMMERCIAL PURPOSE  ARS 39-121.03 – Commercial purpose includes any use of a public record for the purpose of sale or resale or for the purpose of producing an item containing the same information contained in the public record for the purposes of solicitation for financial gain. If you are using the record for a commercial purpose, you must complete the affidavit below.  AFFIDAVIT OF COMMERCIAL PURPOSE  State of Arizona, County of Cochise  I,				
Signature Subscribed and sworn before me this day of  Notary Public  Commiss	ion Expiration Date			
CERTIFICATION				
I CERTIFY THAT ALL OF THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.				
Signature Date				
Signature				
OFFICE USE ONLY				
Request filled by:	Date:			
Approved for release by:				
Comments:	Date:			
Comments.				
Received by:				
Name:	Date:			