



**Arizona Department of Agriculture**  
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 Phone (602) 542-4373

**Public Information Office**  
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**Public Records Request**

**A.R.S. § 39-121 et seq.**

**Requests for Non-Commercial Purposes**

The Department may charge for copying costs and postage. Copying costs may include a charge for the employee time needed to make the copies.

Charges shall be assessed as follows:

- Photocopies and Computer Printouts in excess of ten (10) pages\* = \$0.25 per page
- CDs = \$10.00 per disc

\*The fee for Photocopies and computer printouts of ten (10) pages or less shall be waived.

**Requests for Commercial Purposes**

In additions to the charges above, the Department may charge for copying costs, the cost of searching for the record, the value of the record on the commercial market as best determined by the Department, and postage.

- Commercial Lists containing names and contact information = \$0.10 per name
- Search Costs = \$20.00 per hour
- Other = determined as necessary

Commercial purpose means the use of a public record for (1) the purpose of sale or resale or for the purpose of producing a document containing all or part of the copy, printout or photograph for sale; or (2) the obtaining of names and addresses from public records for the purpose of solicitation; or (3) the sale of names and addresses to another for the purpose of solicitation or for any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of the public record. Commercial purpose does not mean the use of a public record as evidence or as research for evidence in an action in any judicial or quasi-judicial body. A.R.S. § 39-121.03(D)

*A person who obtains a public record for commercial purposes without indicating the commercial purpose or obtains/uses a noncommercial public record for commercial purposes may be subject to a penalty of three (3) times the amount which would have been charged. A.R.S. § 39-121.03(C)*

Name (print or type): \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Specific records requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you requesting the records for a commercial purpose?  Yes  No

If yes, describe the commercial purpose for which the records will be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify the foregoing statements are true.

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

For Office Use Only		
Date Received: _____	Item	Fee*
Received By: _____	# of Copies: _____	
Complete by: _____	CD/DVD: _____	
Released by: _____	Postage: _____	
Date Released: _____	TOTAL	