



MARICOPA
COMMUNITY COLLEGES

Custodian of Record

- Office of Public Stewardship
- Media Relations at _____
- Admissions and Records (Enrollment Services) at _____
- Other (please specify): _____

Public Record Request Form

Forms may be emailed to
teresa.toney@domail.maricopa.edu

Contact Information

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ FAX: _____

Email Address: _____

Public Record(s) Requested

Please check one of the following: Total Number of Pages/Sections: _____ # faxed pages _____ Postage _____

- I want to view the public record(s) at MCCCCD at no cost.
- I want to purchase copies of the public record(s). **Fees may vary based upon the format in which it is readily maintained.**
 - Paper Copy - \$0.25/per page Digital Copy - \$0.25/per page Fax Transmittals - \$1.00/per page
 - Postage - Actual Costs
 - USB Flash Drive \$15.00 **(If records are not readily maintained in an electronic format, then both a per page and USB charge shall apply.)**

Copied documents may be picked up or mailed upon receipt of payment. Mailed documents are subject to postage fees. Requests for special reports or for commercial use will be assessed an appropriate value.

Indicate whether you are using the public record for a commercial or non-commercial purpose.

- Commercial* Media Personal

Commercial Purpose

**ARS §39-121.03D—Commercial purpose includes any use of a public record for 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 the obtaining of names and addresses from public records to another for the purpose of solicitation or for any purpose where the purchaser can reasonably anticipate the receipt of monetary gain from direct or indirect use of the record. When a person requests copies of public records for commercial purposes, a statement setting forth the commercial purpose for which the copies will be used must be provided.*

Commercial Purpose Statement

Notary verification is required only for commercial purposes.

Sworn (or affirmed) to before me this ____ day of _____ 20____.

My commission expires: _____

Notary's Signature _____

Payment—Make checks payable to MCCCCD. Information release is subject to check clearance.

Method of Payment: Check Cash Credit Card No Fee **Check Number:** _____ **Total \$** _____

Credit Card Type: _____ **Please deposit funds to:** _____

For MCCCCD Use Only Approved Not Approved **Paid \$** _____ **Paid Date** _____

Please Note: Active public records are in various locations within the District. The District requests that a reasonable amount of time be allowed for responding to any request to copy or inspect records. The District may require additional time to process more difficult requests and if so, an estimated time frame will be provided to the requestor.

1Q 2Q 3Q 4Q Pending _____

Custodian of Record Signature