

MOHAVE COUNTY
COUNTY MANAGER'S OFFICE
REQUEST FOR INFORMATION FORM
 (Updated 12/2/04)



I would like to request a copy of the following information/documentation from the County Manager's Office pursuant to A.R.S. 39-121.01:

According to A.R.S. 39-121.03A you must declare if the information provided to you will be used for commercial purposes and state that purpose.

- Will** be used for commercial purposes (Define in detail on a separate sheet).
 Will **not** be used for commercial purposes.

I certify that the information provided is true and correct. I understand there will be a charge of 20 cents per page, except where there is extensive staff time for copying of materials and for postage, if any. I agree to pay the fee or deposit for these records (A.R.S. 39-121.01-D1).

Printed/Typed Name: _____

Signature: _____

Today's Date: _____

Contact Information: Phone: _____
 Address: _____

After completing form, sign and send to P.O. Box 7000, Kingman, AZ 86402-7000
 ATTN: Mohave County Manager's Office.

TO BE COMPLETED BY MANAGER'S OFFICE

Approved: [] Yes
 [] No, for the following reason:

 Mohave County Manager

Assigned to: _____

Total pages copied _____ @ .20 (general copies) = _____
 Postage = _____
 Total Charge \$ _____

Completed by: _____ Date _____

Received by: _____ Date _____