Public Records Request

By submitting this request, I certify that the following information is true, to the best of my knowledge and belief. I agree to pay all appropriate fees at the time the requested information is delivered. I agree to hold the State Bar of Arizona, its agents, and employees harmless from any claim, causes of action, or other liability that may arise as a result of furnishing these documents to me or as a result of my use or misuse of these documents.

When completed, mail this form to:

State Bar of Arizona

Public Records Request

4201 N 24th St, Suite 100

Phoenix, AZ 85016-6266

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Organization** (optional) |  |
| **Phone Number** |  |
| **Email** |  |

Is this a media request? [ ]

**I want the records to be sent by (choose one):**

 Email

 Physical Address

**Specify the email or physical address for records to be sent: Description of records being requested:**

**These records will be used for a (choose one):**

Commercial (meaning for sale or resale, or for production of a document for sale, or obtaining the names & contact information for the purpose of solicitation, or for any purpose intended or

reasonably anticipated to result in monetary gains); or,

**If the records will be used for a commercial purpose, please describe the purpose:**

 Non-Commercial Purpose

