



CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY

PUBLIC RECORDS REQUEST POLICY

Request for Public Records (A.R.S. Title 39)

Access to information concerning the conduct of the people's business is a fundamental and necessary right of every person in this state. Upon a request that reasonably describes an identifiable record or records and under the provisions of A.R.S. §39-121, Public Records Law, a person may request to examine or be furnished copies of any public records of the Central Arizona Fire and Medical Authority unless the interests of privacy, confidentiality, or best interest of the state outweigh the general policy of open access.

PUBLIC RECORDS REQUESTS FEES CHARGED: The Authority reserves the right to recover expenses incurred in providing requested records. A charge will be levied for all such copies made at Authority expense. A **\$.10 per page fee** will be charged for each page copied or printed and \$2.00 charged if documents are mailed. The Authority reserves the right to require that any public record request fees be paid prior to the record retrieval process.

COMMERCIAL REQUESTS: Arizona State law has distinguished between commercial and noncommercial requests for public records. Commercial purpose means the use of a public record for the purpose of sale or resale, 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. Charges for a commercial request shall include: an amount per page approximately equal to the cost of reproducing the requested materials; a reasonable fee for the cost of time, equipment, and personnel in making the copies; and the value of the reproduction on the commercial market.

PLEASE NOTE: If the requester obtains records for a commercial purpose without indicating the commercial purpose, or if he or she obtains the records for a non-commercial purpose, and then uses or allows the use of the records for a commercial purpose, he or she will be liable for damages in the amount of three times what the Authority would have charged had it known, plus costs and attorney fees. A.R.S. §39-121.03(C). If a false statement is given, the requester can also be guilty of a felony. A.R.S. §39-161.

RESPONSE TIME: Every effort will be made to respond to a request for documents within a ten work-day period. However, the extent of the research necessary will determine the actual time required to produce copies of requested documents. Many records are in storage at various locations in the Authority and will need to be retrieved for inspections and for copying. Occasionally, legal review by the Authority's Attorney may be necessary if issues of privacy or confidentiality arise. This may result in a brief delay in providing an appropriate response to your request.

At the discretion of the Central Arizona Fire and Medical Authority, copies of requested documents may either be mailed by certified mail to the requestor or provided in person when documents have been duplicated and are ready for pick up. If documents are picked up in person, identification is required at time of pick up.

The Assistant Chief of Administration may notify Central Arizona Fire and Medical Authority employees when a request for their records has been made.

The request must be made during regular office hours on the CAFMA's Public Records Request form. All requests without the required information completed in full, will be returned to sender. If you have questions with regards to completion of the form, you may contact the Administration Office at (928) 772-7711.



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Public records for non-commercial purposes are provided at a cost of **\$.10 per page**. For charges related to commercial requests, the commercial value of the information will be charged.

Please provide the information requested below. If you do not have the necessary information, you may contact the Administration Office at (928) 772-7711.

REQUESTOR NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

REQUEST FOR: Commercial Non-Commercial View Only Copy

Under the provisions of A.R.S. §39-121, Public Records Law, it is requested that the following records be released (please be specific):

Documents to be viewed only, no copies required.

Copies requested.

Documents to be mailed. *An additional charge of \$2.00 will apply to all mail requests

Documents to be emailed. Email Address: _____

Documents will be picked up.

The requested documents will not be used for commercial purposes.

COMPLETE THIS SECTION "ONLY IF" THE COPY REQUEST IS FOR A COMMERCIAL PURPOSE

A.R.S. §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 District records for commercial purposes, a statement setting forth the commercial purpose for which the copies will be used must be provided.

If the request is for commercial purposes, please indicate how these records will be used:

Please return this form, along with your payment to:

Central Arizona Fire and Medical Authority
Custodian of Records
8603 E. Eastridge Dr.
Prescott Valley, AZ 86314

Checks must be made payable to: Central Arizona Fire and Medical Authority

Requestor's Signature _____ Date: _____

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

FIRE DISTRICT USE ONLY

Date Request Received _____	Date Processed _____	Processed By _____	Employee / Division Notified <input type="checkbox"/>
Request Approved <input type="checkbox"/>	Request Denied <input type="checkbox"/>	Disposition _____	Public Records:
Authorized By: _____	Date: _____		Emailed <input type="checkbox"/>
			Viewed <input type="checkbox"/>
			Mailed <input type="checkbox"/>
			Picked Up <input type="checkbox"/>
Copies \$ _____	Postage \$ _____	Other \$ _____	Total Amount Received \$ _____
Proof of Identity of Requester Confirmed (drivers' license, passport, state ID card, other): YES: _____ NO: _____			