



FOUNTAIN HILLS SANITARY DISTRICT

PUBLIC RECORD INSPECTION & REPRODUCTION REQUEST

INFORMATION SHEET

A.R.S. § 39-121.03 requires a “public body” maintain public records and make them available for examination or copying during regular office hours (A.R.S. § 39-121-03). *The regular office hours of the Fountain Hills Sanitary District are Monday-Friday, 8 am – 5 pm, excluding holidays.*

Non-Commercial Purpose

There is no charge for examination of records, but a Public Records Inspection & Reproduction Request form must be completed. Fees are charged for the distribution of public records in accordance with the District’s fee schedule.

Mail requests are subject to a copy charge and postage costs.

Commercial Purpose

Requests for copies, printouts and photographs of public records for a *commercial purpose* (any purpose for which the purchaser can reasonably anticipate monetary gain from direct or indirect use of the public record) must be accompanied by a certified statement setting forth the commercial purpose for which the records will be used.

Fees are charged for public records in accordance with the District’s fee schedule. The District must charge for the following costs associated with the records requests for commercial purposes:

- A portion of the cost to the District for obtaining the documents or records to be produced;
- A reasonable fee covering the cost of time, equipment and personnel in making their production;
- The value of reproduction on the commercial market.

It is a violation of the public record law to:

- Obtain copies, printouts and/or photographs for non-commercial purposes, and use it/them for commercial purpose.
- Obtain copies, printouts and/or photographs for one commercial purpose and use the records for another commercial purpose.

A.R.S. § 39-121.03 (C) sets forth the procedures for determining whether the records are being misused and penalties for falsely obtaining records for commercial use.



FOUNTAIN HILLS SANITARY DISTRICT

PUBLIC RECORD INSPECTION & REPRODUCTION REQUEST

Name: _____ Date: _____

Phone Number: _____ Email: _____

Request to: Examine Records
 Purchase Copies

Photocopying charges apply as established in the annual Fee Schedule.

Describe in detail the public records being requested as well as any applicable dates, if possible. Be as specific as possible. Please use only the space provided. Limit requests to three documents, records, or subject matters per page.

1. _____

2. _____

3. _____

The requested records will be used in accordance with A.R.S. § 39-121.03 for a (check one):

Non-commercial Purpose

Commercial Purpose
(complete next page)

Requests may be emailed to fhsd@az-fhsd.gov

OFFICE USE ONLY	
FORWARD COMPLETED FORMS TO THE DISTRICT'S ADMINISTRATIVE SERVICES MANAGER	
Date/Time Received: _____ / _____	Date/Time Completed: _____ / _____
No. of pages copied: _____ at _____ cents per page	No. of pages copied: _____ at _____ cents per page
Payment received in form of: Cash _____ Check _____ Other _____	
PRR No. _____	



FOUNTAIN HILLS SANITARY DISTRICT

PUBLIC RECORD INSPECTION & REPRODUCTION REQUEST

COMMERCIAL PURPOSE REQUESTS ONLY

Indemnity Statement

I, _____, declare that I understand that the information supplied to me by the Fountain Hills Sanitary District, Maricopa County, Arizona which is described below, is for information only. Reliance upon accuracy, reliability, and authority of this information is solely my own responsibility.

Describe the content of records (i.e. Resolution No., Agenda Item/Date, Case File, Page Numbers of Minutes, Section of District Code or Policies).

Describe the manner in which these records will be used:

I hereby declare that I have read the information contained on the Public Record Inspection and Reproduction Information Sheet and understand the contents therein. I further declare under penalty of perjury that the foregoing is correct and true.

I hereby declare the Fountain Hills Sanitary District, Maricopa County, Arizona, free from any and all damages, lawsuits, causes of action and liabilities that may result from my reliance upon and use of the above described information.

Person: _____

Company/Agency: _____

Phone No.: _____

Address: _____

(Street Address, City, State, Zip)

Email: _____

Signature: _____ Date: _____