

# TEMPE SCHOOL DISTRICT NO. 3

## REQUEST FOR PUBLIC RECORDS

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (ZIP)

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Nature of request:

Opportunity to review records (no original record may leave the custodian's office)

Copies of records.

Please read and sign the following statement:

**I have requested public records of the Tempe School District No. 3 for a noncommercial purpose. I understand that if the records should be used for a commercial purpose, a verified statement of the purpose must be submitted per A.R.S. 39-121.03.**

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature)

*Notice:* A fee will be charged for copying based upon actual cost for providing the information.

*Records requested* (please be as explicit as possible as to the records you desire):

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