



State of Arizona Board of Chiropractic Examiners

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TTY (800) 367-8939 (AZ Relay Service)

Public Records Request

Please complete and submit the following form to request access to or copies of public records. If you are making a request for copies, staff will notify you of the cost by fax. If you would like to view the files in person, staff will confirm your request by telephone.

1. Name: _____
Street _____
City: _____ State: _____ Zip: _____
Telephone: (_____) _____ Fax: (_____) _____

2. Indicate the type of records request being made:

- Request to view public records.
- Request for copies of public records. (Copies are .25 per page with a minimum charge of \$2.00)

3. Indicate the file(s) you would like to view/have duplicated:

4. If you are requesting to view records, please indicate when you would like to view them. We will confirm this date and time with you by telephone.

4. If you are requesting copies, please indicate how you would like to receive them:

- I would like to pick up the copies. Please contact me when they are ready.
- I would like the copies mailed to the above address.

5. Will the documents you have requested be used for a commercial purpose? Yes No

6. If yes, please indicate the commercial purpose for which the documents will be used.

Signature: _____

Date: _____