



CITY OF SEDONA PUBLIC RECORDS REQUEST FORM

Please return forms to the City Clerk's office by email: cityclerkdept@sedonaaz.gov
or mail to 102 Roadrunner Drive, Sedona, AZ 86336.

Date of Request: _____

I AM REQUESTING THE FOLLOWING PUBLIC RECORDS, (BE SPECIFIC): **PD Records need to be requested through PD**

THESE DOCUMENTS WILL BE USED FOR COMMERCIAL PURPOSES. YES NO

If YES, please state the commercial purpose for which the records will be used.

Name of Requestor: _____
(Print Name)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Signature: _____

YOUR SIGNATURE ABOVE AFFIRMS THAT ALL INFORMATION PROVIDED IS TRUE AND ACCURATE

Pursuant to A.R.S. § 39-121 et seq., once the requested documents are produced, a staff member will inform the requestor of the final production charge. The copied documents will not be released until the city has received payment in full. Please make checks payable to City of Sedona.

Please be advised, that this document requesting records from the City of Sedona is itself a public record and is subject to disclosure. By completing this document and including personal information such as your name, address etc., the City of Sedona assumes that you are consenting to any future disclosure of this document and any identifying information contained therein.

For Department Use Only

Total Charge: \$	Comments
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