



State of Arizona
Governor: Janice K. Brewer

Arizona State Board of Massage Therapy

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PUBLIC RECORDS REQUEST FORM

(Title 39, Arizona Revised Statutes)

REPRODUCTION COSTS SHALL BE PAID BY CASHIER'S CHECK OR MONEY ORDER.

Date: _____

I, _____ request the following information. (Please be specific and state exactly what you are requesting and for what time period.) _____

Do you want to view the documents at the Board's Office? _____ If so, you must schedule a specific time to view the requested documents.

Do you want photocopies? _____ If so and this request is not for a commercial purpose (see below), a copy charge of \$.25 per page will apply.

Is this information being requested for a commercial purpose? _____ If so, state the purpose. (A.R.S. § 39-121.03(A))

Do you want a copy of the audio recording of a Board or Committee meeting? _____ If so, a charge of \$10.00 per disk will apply.

Some documents in the Board's file may be deemed confidential and, therefore, may not be included in the public record, including but not limited to reports of pending investigations.

Signature

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Telephone Number

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Address