



City of Benson
Public Records Request
 120 W. 6th Street, Benson, AZ 85602 Phone
 520-586-2245, Fax – 520-720-6331
 www.cityofbenson.com

Number of pages

Amount Due

PLEASE NOTE: A public records request may be submitted via e-mail, fax or in person to the City Clerk. The City requests a minimum of 48 hours notice for any request to copy or inspect public records. However, if legal review by the City Attorney should be necessary, your request may need additional time.

PRICES: Non-commercial copies – \$.25 per page
 Commercial copies – \$.50 per page
 CDs – \$ 5.00 per CD

Requesting Party:	
Name:	
Address:	
Phone Number:	

Indicate if your request is to inspect a record or if you require a copy of the document:	
	Inspection of record
	Copy of record

Description of the requested record:

Indicate if you are using the requested record for a commercial or non-commercial purpose:	
<input type="checkbox"/>	Non-commercial purpose
<input type="checkbox"/>	Commercial purpose (required affidavit of commercial purpose) – if commercial purpose, state intended use:

COMPLETE THIS SECTION IF THE REQUESTED RECORD IS FOR A COMMERCIAL PURPOSE	
<i>ARS 39-121.03 – Commercial purpose includes any use of a public record for the purpose of sale or resale or for the purpose of producing an item containing the same information contained in the public record for the purposes of solicitation for financial gain. If you are using the record for a commercial purpose, you must complete the affidavit below.</i>	
AFFIDAVIT OF COMMERCIAL PURPOSE	
State of Arizona, County of Cochise	
I, _____, being duly sworn, state that the public record requested above is being requested for a commercial purpose.	
Signature _____	Date _____
Subscribed and sworn before me this _____ day of _____, _____	
Notary Public _____	Commission Expiration Date _____

CERTIFICATION	
I CERTIFY THAT ALL OF THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.	
Signature _____	Date _____

OFFICE USE ONLY			
Request filled by:		Date:	
Approved for release by:		Date:	
Comments:			

Received by:			
Name:		Date:	