



La Paz Unified Fire-Medical District

PO Box 1889 Quartzsite, AZ 85346

70 E Tyson Street

Serving: Quartzsite, La Paz Valley, Rainbow Acres, Vicksburg, Hope, Brenda, Harcuvar, Salome and Wenden (Est. 2025)

**PUBLIC RECORDS REQUEST FORM
(Statement of Commercial Purpose & Pricing Computation Worksheet)**

Pursuant to A.R.S. § 39-121.03, when requesting public records for a “commercial purpose,” the requestor shall provide a statement of commercial purpose. Upon being furnished with the statement of commercial purpose, the custodian of records may furnish reproductions. This Statement of Commercial Purpose form shall be completed with the Non-Commercial Records Request form.

A “commercial purpose” is defined as the use of a public record for the purpose of:

- The sale or resale or for the purpose of producing a document containing all or part of the copy, printout or photograph for sale;
- Obtaining of names and addresses from public records for the purpose of solicitation; or
- The sale of names and addresses to another for the purpose of solicitation or for any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of the public record.

Date of Records Request: _____

Description of specific information to be utilized from the records requested:

Information will used for:

Sale or resale	
Market (i.e., sale of articles/books, publishing, photo displays):	Price or Cost (i.e., per copy/item):

Solicitation	
Market (i.e., sale of articles/books, publishing, photo displays):	Price or Cost (i.e., per copy/item):

Producing a document, information or other material containing all or part of the information in the public record	
Description of document or material:	Price:

Soliciting a business or commercial relationship	
Description:	Price or Value:

Other Purpose	
Description:	Price or Value:

I acknowledge that I may be required to pay in advance. (Please see the District’s adopted fee schedule for assistance in determining the possible fees to be charged for a public records request). If the cost exceeds \$ _____, please notify me **before** processing the request and providing the requested records.

Requestor Name	Date
E-mail Address	Phone Number
Street Address	City
	State
	Zip
Requestor Signature	

PLEASE RETURN THIS COMPLETED FORM TO THE DISTRICT’S RECORDS CUSTODIAN, OR THEIR DESIGNEE