



Public Records Request

Pinal County complies with the provisions of Title 39 of the Arizona Revised Statutes, also known as the Public Records Act. Individuals requesting copies of such information must sign and complete the Public Records Request form.

Pinal County will do our best to process your request within five working days. However, please take into consideration possible delays due to extensive archiving and/or handling by various personnel and departments.

Fax: (520) 866-6530

Postal Address:
Pinal County Community
Development Department
P.O. Box 2973
Florence, AZ 85132

Email:
DSPublicRecordsRequest@PinalCountyAZ.gov

Phone: (520)866-6442

Date: _____
Name of Requesting Party: _____
Address: _____
Phone Number: _____ Fax: _____
E-mail Address: _____

I request that the Pinal County Development Services: **[check appropriate box(es)]**

- Provide a copy or other reproduction of the following public records:
- I would like to set up an appointment to review the following:

Note: Be specific, provide as much information as possible (name of property owner or business, location, such as address or parcel # with Township, Range and Section, or zoning case #).

Please feel free to attach any further details, maps, drawings, etc.

Are records to be used for Non-Commercial purposes? If yes, please check box for confirmation and sign below.

Non-Commercial Only _____

Requesting Party's Signature

Verified Statement of Commercial Purpose

If the records are to be used for commercial purposes please specify:

I have indicated above that the reproductions of the public records which I have requested are to be used for commercial purposes, I declare that the reproductions will be used solely for the purpose described above and that the reproductions will not be used directly or indirectly for a different purpose than described above. I declare under penalty of perjury that the foregoing is correct and true.

Requesting Party's Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.
My Commission Expires: _____

Notary Public

For Internal Use Only This Public Records Request is for:

- Air Quality
- Building Safety
- Community Development
- Environmental or Public Health (circle one)
- Public Works
- Budget
- Finance/Purchasing
- Human Resources
- Information Technology
- Other _____

Date Routed to Dept: _____
To whom was it routed: _____
Request completed by: _____
Number of pages: _____
Date to customer: _____
DUE DATE: _____
AMT RCVD: _____
RECEIPT NO: _____
INFO PROVIDED: _____

