

DATE OF REQUEST

ARIZONA PEACE OFFICER STANDARDS AND TRAINING BOARD PUBLIC RECORDS REPRODUCTION REQUEST

2643 East University Drive, Phoenix, Arizona 85034 PO Box 24070, Phoenix, Arizona 85074-4070

(602) 223-2514

TELEPHONE NUMBER

Custodian of Records - Chuck Miiller email to: records@azpost.gov

REQUESTOR INFORMATION

POST A	Assigned	Request	Number:
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NAME OF REQUESTING PARTY

RGANIZATION / BUSINESS NAME		EMAIL ADDRESS		
NILING ADDRESS	CITY		CTATE	ZIP CODE
ILING ADDRESS	CITY		STATE	ZIP CODE
he above-named person requests that the A llowing specified public records pursuant			g Boar	rd provide the
	ECORD(S) REQUEST DE FULL NAME. DO <u>NOT</u> INC			
DECLARATION OF PU	JRPOSE FOR PUBLI	C RECORDS REQUE	ST	
declare that the copies of public records I h		·		following
rpose(s)	•	·		C
declare that under A.R.S. §39-121.03 this is	s a Commercial	Non-commercial pur	nose	

NOTE:

- There is a copying fee of 50¢ per page or \$10 per electronic device.
- Redactions will be made of any information that is confidential by statute, private or as otherwise allowed by law.
- You will be notified as soon as the records are available.
- Records will be released to you upon receipt of payment (Cash, Check or Money Order).