

Public Records Request

1. Use this form to request a public record from the Sunburst Farms Irrigation District under Arizona Revised Statutes Title 39. Chapter 1, Article 2
2. To assist in processing your request, please be specific and identify the document or record you are requesting by name, or by other clear and distinguishing characteristics. If the request is too general and not sufficiently specific, your request will be returned.
3. Records or parts of some records may not be subject to public dissemination under Arizona law. You will be notified if the releasing of the record is restricted, or if parts of the record requested will be redacted.

Mail or deliver to:

Sunburst Farms Irrigation District

Attention: Custodian of Record

16040 N. 43rd Avenue

Glendale, AZ 85306

sbfidphx@qwestoffice.net

DO NOT WRITE IN THIS SPACE

Received by District (Initials) _____

Date & Time Received: _____

Initial review performed by: _____

Request approved by: _____

Response Letter mailed: _____ Date: _____

Payment rec'd: Date _____ Amount: \$ _____

Record mailed or picked up: _____

Invoice Date: _____ Invoice # _____

The undersigned hereby makes this request for a copy of the following record or document of the Sunburst Farms Irrigation District. It is my belief that the record or document is a Public Record. I affirm that the copy of the record or document will be used solely for the purpose stated below, and will not be used directly or indirectly for a different purpose other than expressed on this form. I understand that I will be advised of the copying and/or postage fees associated with my request, and I agree to pay such amount prior to the copy of the public record being provided.

Name or Description of Record or Document: _____

Approximate date(s) the Record or Document was created: _____

Name(s) of person(s) if any, on the Record or Document: _____

The requested Record or Document _____ will _____ will not be used for commercial purposes.

_____ Mail the Record or Document to me/ _____ Contact me to pick up the Record or Document.

Signature

Date

Name

Phone Number

Email Address

Address

City, State & Zip Code