

**CITY OF WILLIAMS**  
**113 S. 1st Street**  
**Williams, Arizona 86046**  
**(928)635-4451 • FAX (928) 635-4495**

**PUBLIC RECORDS REQUEST FORM**  
**(Title 39, Arizona Revised Statutes)**

Date \_\_\_\_\_

Thank you for your interest in the Williams City government. Your document request will be handled as soon as possible, depending on the nature and complexity of the documents requested. Fees are noted below per request.

Requesting Party: I, \_\_\_\_\_ request the following:

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\_\_\_\_\_. Please be specific and state exactly what documents you are requesting. To inspect and copy and for what time period.

Do you want photocopies? ☐ YES ☐ NO

If so, you must indicate with particularity which documents you want to be copied and, at that time, pay a fee of \$.25 per page.

Do you want CD Copies? ☐ YES ☐ NO

If so, you must indicate which item(s) specifically you want in CD form and, at that time, pay a fee of \$10.00 per CD.

Do you want it electronically? ☐ YES ☐ NO

If so, you must indicate which item(s) you want to be emailed at a fee of \$.25 per page. (*\$5.00 minimum charge for credit and debit cards.*)

Is this information being requested for a commercial purpose? ☐ YES ☐ NO

If so, state the purpose (A.R.S. 39-121.03 (A)). (*If yes, please complete a Statement of Commercial Purpose request form.*) Document requests are restricted and limited when a commercial purpose is involved.

*Some documents in the City's files may be deemed confidential and, therefore, may not be included in the public record, including, but not limited to, certain personnel or personal information.*

\_\_\_\_\_  
Signature of Requesting Party

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address (if different from street address)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Day, Date, Time Request Received, and Employee's Initials

Revised 3.2023