



PUBLIC RECORDS REQUEST FORM

Beginning Thursday, January 2, 2020 all Record Request forms must be submitted electronically to DSD_Records@tucsonaz.gov. Immediate situations requiring records requests in person may be accommodated at the discretion of Records staff during business hours (8 a.m. - 2 p.m., Monday - Friday). Records requests made in person must be initiated by making an appointment through the [Queue](#) or signing in on the kiosks located on the second floor of the Planning and Development Services Department. Once signed in, Records staff will greet you at the first floor lobby doors. Some records are available with [Property Research Online](#) (PRO), users enter an address or permit number to search.

INSTRUCTIONS –

To request inspection and/or reproduction of public records, complete the form below. The form must be filled out completely including your contact information. Failure to do so could result in withholding of your request.

On _____ I, _____, _____, _____
 Date Full name Telephone number Email address

Hereby request the custodian of records for the Planning and Development Services Department to provide for inspection and/or a copy or other reproduction of certain public records specified below.

NOTICE: Warning concerning copyright restrictions apply. The copyright law of the United States (title 17, U.S. code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of those specified conditions is that the photocopy or reproduction is not to be "used for any other purpose other than **private study, scholarship, or research.**" If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use", that user may be liable for copyright infringement.

This institution reserves the right to not accept a copying order if, in its judgment, fulfillment of the order would involve a violation of copyright law.

Agreed: _____
 Signature of Applicant

PLEASE SPECIFY ADDRESS OF RECORDS YOU WISH TO INSPECT/HAVE REPRODUCED

ADDRESS: _____

TYPE OF RECORD (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Certificate of Occupancy | <input type="checkbox"/> Floor Plan |
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Inspection results |

Other documents (specify): _____

(FOR STAFF USE ONLY: Folder 16mm jackets 35mm jackets)

If there are additional addresses, please use the second page.

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ADDITIONAL ADDRESSES

ADDRESS: _____

TD # _____

For staff use only

TYPE OF RECORD (check all that apply): Certificate of Occupancy Floor Plan
 Site Plan Inspection results

Other documents (specify): _____

FOR STAFF USE ONLY: Folder 16mm jackets 35mm jackets

ADDRESS: _____

TD # _____

For staff use only

TYPE OF RECORD (check all that apply): Certificate of Occupancy Floor Plan
 Site Plan Inspection results

Other documents (specify): _____

FOR STAFF USE ONLY: Folder 16mm jackets 35mm jackets

ADDRESS: _____

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Fees charged for duplication are as follows:

— _____ Xerox copies - \$1.10 1st copy (any size) _____ microfiche copies - 8 ½ x 11 = \$1.65 per page

_____ Additional copies @ \$.27 each _____ microfiche copies - 11 x 17 = \$2.20 per page

Total Cost \$ _____