



BUCKSKIN SANITARY DISTRICT

P O Box 5398

Parker, AZ 85344

Phone: (928) 667-7197 * Fax: (928) 667-1697 *

www.buckskinsanitarydistrict.org

Board of Directors:

Robert Troxler Gary Hansen Gary Svider William Risen Shelly Rohde

REQUEST FOR PUBLIC RECORDS

Name: _____ Date: ____/____/____

Mailing Address: _____

Physical Address: _____

Phone Number: ____-____-____ Work Number: ____-____-____

Nature of Request:

☐ Opportunity to review records (no original record may leave the custodian's office)

☐ Copies of Records (Copies are charged at \$0.50 per page)

Records You Are Requesting: BE AS SPECIFIC AS POSSIBLE

Please read the following statement prior to signing this document:

I have requested public records of the Buckskin Sanitary District for a noncommercial purpose. I understand that if records should be used for a commercial purpose, a verified statement of the purpose must be submitted per ARS §39-121.03.

Signature of District Resident

____/____/____
Date Requested