#### COMMERCIAL PURPOSE REQUEST – SUPPLEMENTAL INFORMATION

Describe the manner in which the re	equested records will be used:
understand the contents therein. I	, declare that I have read the information below and further declare under penalty of perjury that the foregoing is correct
and true.	ration accide and policity of polyary that the foregoing to confee
Signature	Date

### **Commercial Requests – Charges**

Persons requesting access to public records or other matters in the custody of City officers for commercial purposes shall pay established charges which include:

- 1. Cost to the City for obtaining the original or copies of the requested public records or other matters;
- 2. A reasonable charge for the cost of time, equipment and personnel in producing such reproductions; and
- 3. The value of the reproductions on the commercial market.

Factors to be considered in determining the amount charged are: the time expended in retrieving the public records or other matters; transportation costs, if any; and the actual cost to the City in terms of special equipment or processing required. It is a violation of the public records law to obtain copies, printouts and/or photographs for one commercial purpose and use the records for another commercial purpose.

ARS §39-121.03(C) sets forth the procedures for determining whether the records are being misused and penalties for falsely obtaining records for commercial use.

### **Complaints**

Any complaint or dispute related to the processing of requests for access to records or other matters under this policy should be directed, in writing, to: City Clerk, 211 West Aspen Avenue, Flagstaff, AZ 86001.

## **COMMERCIAL PURPOSE REQUEST – SUPPLEMENTAL INFORMATION**

# **INDEMNITY STATEMENT**

I.	, declare that I understand that the information
	na, which is described below, is for information purposes ty, and authority of this information is solely my own
Describe the content of records.	
	free from any and all damages, lawsuits, causes of action, upon and use of the above-described information.
Person:	
Company/Agency:	
Phone No.:	
Address:	
Signature	Date
State of Arizona )	
County of Coconino )ss.	
The foregoing instrument was acknowledged be	efore me this,
by	
No	otary Public