



State Of Arizona
Naturopathic Physicians Medical Board
"Protecting the Public's Health"

1400 West Washington • Suite 230 • Phoenix, AZ 85007 Phone, 602-542-8242, FAX 602-542-3093, Email Gail.anthony@aznd.gov www.aznd.gov

PUBLIC RECORDS REQUEST FORM
(Title 32, Arizona Revised Statutes)

REPRODUCTION COSTS SHALL BE PAID BY CASHIER'S CHECK OR MONEY ORDER.

This document represents the verified statement that _____ submitted
(Name of requesting party)

to the Arizona Naturopathic Physicians Medical Board on _____ a request that the agency provide a copy or other reproduction of certain public records as specified below:

(Please be specific and state exactly what you are requesting and for what time period)

Do you want to view the documents at the Board's Office? Yes _____ No _____
If so, you must schedule a specific time to view the requested documents.

Do you want photocopies? Yes _____ No _____
If so and this request is not for a commercial purpose (see below), a copy charge of \$.25 per page will apply.

Is this information being requested for a commercial purpose? Yes _____ No _____
If yes, state the purpose. (A.R.S. § 39-121.03(A))

Do you want a copy of the audio recording of a Board or Committee meeting? Yes _____ No _____
If so, a charge of \$10.00 per disk will apply.

Some documents in the Board's file may be deemed confidential and, therefore, may not be included in the public record, including but not limited to reports of pending investigations.

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Sign _____ Date _____