



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

1740 W Adams Ste 3002 Phoenix, AZ 85007 Phone, 602-542-8242, Email: [info@aznd.gov](mailto:info@aznd.gov)

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**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 \$25.00 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.*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Sign \_\_\_\_\_ Date \_\_\_\_\_