Tri-City Regional Sanitary District 5515 S APACHE AVE STE 200 PO BOX 2198 GLOBE AZ 85501-4430 CLAYPOOL AZ 85532-2198

www.tri-citysanitarydistrict.com

VERIFIED STATEMENT OF NON-COMMERCIAL PURPOSE
Public Record Request

								Record Request
	hereby made to ☐ insperd(s) of Tri-City Regional							
public					1011(0) 154555	u. /	7.0 7.11 5.155	1100404.
<u> </u>								
Pursuant	to ARS § 39-121.03, I ve	erify that the rec	ord(s) are reques	ted for the	following reason	(s):		
	t the record(s) will not be							
purpose of	sale or resale or for the of names and addresses	purpose of pro-	ducing a docume	nt containi	ng all or part of t	he copy, p	rintout or photog	raph for sale or the
	anticipate the receipt of						urpose in willon	tile pulcilasei can
I certify tha	at all information provided	d is true and co	rrect. I further ur	nderstand	hat payment is i	equired up		
	the records. I also agr on from the TRSD Board							
media form	ns upon completion of the	he purpose or u	use for which this					
	information I may receiv	/e. (See Disclaii	mer below.)			Data	D	
Requesto	or's Signature:					Date	Requested:	
_	T INFORMATION:							
Requesto	or's Name and Address:				Phone #:			
				-	Email Address:			
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Further, a	dual who knowingly falsifi any person who obtains a	a public record f	for a non-commer	cial purpos	e and uses or kr	nowingly us	ses the use of suc	ch public record for
	rcial purpose or who obt							
	rent commercial purpose ial purpose shall be liabl							
shown tha	at the public record would							
records.								
		I	DISCLAIMER -	- INDEMI	IIFICATION			
	r understands and agree anv responsibility for th			the accura	ncy of the data ar			
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