



TUBAC FIRE DISTRICT

Information / Records Requests

Instructions:

Please provide **ALL** requested information so that we may process your request.

Requested By:

Your Name: _____

Your Address: _____

Your Email: _____

Day Phone: _____ Evening Phone: _____

PLEASE STATE WHAT PUBLIC RECORDS YOU ARE REQUESTING AND INCLUDE THE FOLLOWING: ADDRESSES, SPECIFIC DATES AND TIMES OR A DATE RANGE, AND/OR NAMES(S), ETC.

I REQUEST THE FOLLOWING INFORMATION UNDER THE ARIZONA FREEDOM OF INFORMATION ACT AS DEFINED UNDER A.R.S. §39-101 to 221:

Please send or drop this form to: Tubac Fire District
P.O. Box 2881
2227 E. Frontage Rd
Tubac, AZ 85646

By submitting this request, I understand that fees may be incurred depending on materials, and that payment is due in full upon release of records. I will be advised of any fees prior to my commitment to pay. Allow up to two weeks for a Records Request to be fulfilled. I will be notified if additional time or information will be required to process this request.

Signature: _____ Date: _____

If you have any questions, you may contact the Administration Office, (520)398-2255.

For Office Use Only
Date Received _____
Received By _____

Picked up / mailed / faxed
Date _____
By _____