



YAVAPAI COUNTY SHERIFF'S OFFICE

David Rhodes, Sheriff

Verified Statement of Non-Commercial Purpose Public Data Request

If submitting your request by email, please send the signed request form to: ycsorecords@yavapaiaz.gov

Caution: Arizona Revised Statutes §39-121.03(C) provides:

"A person who obtains public records for a *commercial purpose* without indicating the *commercial purpose* or who obtains a public record for a *noncommercial purpose* and uses or knowingly allows the use of such public record for a *commercial purpose* or who obtains a public record for a *commercial purpose* and uses or knowingly allows the use of such public record for a different commercial purpose or who obtains a public record from anyone other than the custodian of such records and uses them for a commercial purpose shall in addition to other penalties be liable to the state or the political subdivision from which the public record was obtained for damages in the amount of three times the amount which would have been charged for the public record had the *commercial purpose* been stated plus costs and reasonable attorney's fees or shall be liable to the state or the political subdivision for the amount of three times the actual damages if it can be shown that the public record would not have been provided had the *commercial purpose* of actual use been stated at the time of obtaining the records."

Record(s) requested: Please list the DR or incident number being requested. If unavailable, provide all pertinent information (name, date of birth, date or timeframe, etc.). Please ensure the request is legible. *If you are submitting this request on behalf of an individual you're representing, please verify their identity by providing their full name, date of birth, and current address.*

VERIFIED STATEMENT

I hereby affirm that the public records I have requested are not for a commercial purpose as defined by ARS §39-121.03. I also hereby agree that the public records will not be transmitted or sold to any other person for a commercial purpose.

Date:			
Print Name:			Signature:
Address:			
City:	State:	Zip:	
Phone Number:			

OFFICIAL USE ONLY:			
Date Received:		Date Completed:	
		Employees Initials:	

***Incident reports are provided at no cost. Fees may apply for statistical reports, body-worn camera footage, and 911 audio recordings. See the fee schedule for more information.**