



# GRAHAM COUNTY SHERIFF'S OFFICE

600 W. Graham Canal Rd. · SAFFORD, ARIZONA 85546 · TELEPHONE: (928) 428-3141 · FAX: (928) 792-5251

SHERIFF  
**PRESTON "PJ" ALLRED**

UNDERSHERIFF  
**C. JEFF McCORMIES**

## PUBLIC RECORD REQUEST

### Verified Statement of Non-Commercial Purpose

To: Graham County Sheriff's Office  
[Designate Record Custodian]

Request is hereby made to  inspect or  reproduce the following public record(s): (Indicate document name, page numbers, address and permit number where applicable. Attach 8.5" x 11" sheet if needed.) Information may take up to 10 days to process \_\_\_\_\_

Pursuant to ARS 39-121.03, I verify the record(s) are requested for: \_\_\_\_\_

I verify the record(s) will not be used for a commercial purpose: *Commercial Purpose* is defined as: "the use of a public record for the purpose of sale or resale or for the purpose of producing a document containing all or part of the copy, printout or photograph for sale or the obtaining of names and addresses from such public record for the purpose of solicitation or the sale of such names and addresses to another for the purpose of solicitation or for any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of such public records."

I certify that all information provided is true and correct. I agree to pay the fee or deposit of \$ \_\_\_\_\_ for these records. I also agree the public record(s) will not be transmitted or resold to any other person or entity without specific authorization from the County of Graham's record custodian. I agree to delete all data acquired via this request from my databases and all other electronic media forms upon completion of the purpose or use for which this request is made. I agree not to hold the County of Graham liable for any inaccurate or incomplete information I may receive. **(See disclaimer below)**

\_\_\_\_\_  
Agency/Company

\_\_\_\_\_  
Phone/Cell No. Fax No.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Signature Date

