



Public Records Request

By submitting this request, I certify that the following information is true, to the best of my knowledge and belief. I agree to pay all appropriate fees at the time the requested information is delivered. I agree to hold the State Bar of Arizona, its agents, and employees harmless from any claim, causes of action, or other liability that may arise as a result of furnishing these documents to me or as a result of my use or misuse of these documents.

When completed, mail this form to:

State Bar of Arizona
Public Records Request
4201 N 24th St, Suite 100
Phoenix, AZ 85016-6266

First Name	
Last Name	
Organization (optional)	
Phone Number	
Email	

I want the records to be sent by (choose one):

- Email
- Physical Address

Specify the email or physical address for records to be sent:

Description of records being requested:

These records will be used for a (choose one):

- Commercial (meaning for sale or resale, or for production of a document for sale, or obtaining the names & contact information for the purpose of solicitation, or for any purpose intended or reasonably anticipated to result in monetary gains); or,

If the records will be used for a commercial purpose, please describe the purpose:

- Non-Commercial Purpose