



LAKE HAVASU CITY PUBLIC RECORDS REQUEST

<i>Notice of Receipt</i>	
DATE RECEIVED:	STAFF INITIALS:
<i>For Internal Use Only</i>	
REQUEST NO.:	
DATE COMPLETED:	
REPORT PICKED UP Y N	

2330 McCulloch Boulevard N. | Lake Havasu City, AZ 86403-5950 | Phone (928) 453-4142 | www.lhcaz.gov

REQUESTOR NAME: _____ BUSINESS NAME: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Lake Havasu City, Arizona, responds to all requests for public records in accordance with *Lake Havasu City Code Chapter 2.24* and *ARS §§ 39 101, et seq.* Lake Havasu City charges a fee for duplication of public records. For a list of current fees and charges, contact the Lake Havasu City Clerk’s Office at (928) 453 4142.

Records Requested: (Be as specific as possible. One request per form.)

- | | | |
|---|------|----|
| A. Will the record be used in a claim against the United States? | YES | NO |
| B. Will the record be used for a commercial purpose of monetary gain? | YES* | NO |

***If you answered “YES,” provide a statement setting forth the commercial purpose for which the records will be used. You will also be charged fees in accordance with *ARS § 39-121.03*:**

DISCLAIMER

Lake Havasu City, including its departments, agencies, boards, commissions, officers, officials, agents, volunteers, and employees, does not warrant and shall not be responsible or liable for any loss, consequence, or damage resulting directly or indirectly from reliance upon the accuracy, reliability, or timeliness of any record provided pursuant to this request. Any person or entity relying upon record provided pursuant to this request does so at the person’s or entity’s own risk and assumes the responsibility of verifying any information used or relied upon. Lake Havasu City is not required to create records to satisfy a request and requestors only have the right to receive records that are already in existence and in the format in which they are currently kept.

PLEASE INDICATE YOU HAVE READ THE DISCLAIMER
ABOVE BY CHECKING THIS BOX: _____ DATE: _____

PRINT FORM

FOR OFFICE USE ONLY

Department(s) Assigned to: _____ Completed by: _____

Completion Date: _____ # of pages _____ Fees due: \$ _____

Comments: No record(s) found based on the information provided. The following record(s) were provided:

Delivered via: E-mail Pick-Up Fax Mail