



State of Arizona

Acupuncture Board of Examiners

1400 West Washington, Suite 230

Phoenix, AZ 85007

Telephone (602) 542-3095 • Fax (602) 542-3093

OFFICE USE ONLY

PUBLIC INFORMATION REQUEST

This document represents the verified statement that _____ submitted (Name of requesting party)

to the State of Arizona Acupuncture Board of Examiners on ____/____/____, a request that the agency provide a copy or other reproduction of certain public records as specified below:

Specify records requested: (limit of 3 items per request)

- 1. _____
2. _____
3. _____

Signature of requestor: _____ Daytime Phone # _____

Complete Address of Requestor:

E-Mail Address: _____

These records will be used for: [] Commercial purposes [] Non-commercial purposes

(If records are to be used for commercial purposes, specifically state those purposes below.)

FOR STAFF USE ONLY:

Table with 4 columns: Date Request Received, Amount, Check Number, Receipt Number

PUBLIC INFORMATION 2012 FEE SCHEDULE:

1. Copies of records, documents, letters, minutes, applications and files: 25 cents per page
2. Copies of current year board meeting minutes: \$25.00 for each set of minutes
3. Sale of lists and directories for commercial purposes: \$60.00