The following charges are hereby applied to all Public Records Request for the Maricopa County Special Health Care District and Maricopa Integrated Health System (MIHS).

For any request in which the estimated cost is anticipated to exceed twenty-five dollars ($25), the Requestor will be required to prepay the total estimated cost before the requested records are released.

**Standard Copying Charges:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter size or Legal size – single sided</td>
<td>$0.25 per sheet</td>
</tr>
<tr>
<td>Letter size or Legal size – double sided</td>
<td>$0.37 per sheet</td>
</tr>
<tr>
<td>Letter size or Legal size – color single sided</td>
<td>$0.75 per sheet</td>
</tr>
<tr>
<td>Letter size or Legal size – color double sided</td>
<td>$1.13 per sheet</td>
</tr>
</tbody>
</table>

**Audio/Visual or Data Disc Charges:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audio Compact Disc (80 minutes of audio per disc)</td>
<td>$5.00 per disc</td>
</tr>
<tr>
<td>Data Compact Disc (700MB of data per disc)</td>
<td>$5.00 per disc</td>
</tr>
</tbody>
</table>

**NOTE:** A document or disc requiring redaction necessitates a minimum of two copies in order to facilitate the redaction process. The Requestor will be charged for any and all copies required in the process of producing the response to the request.

**Delivery Options:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email – only documents</td>
<td>No charge</td>
</tr>
<tr>
<td>Fax – up to 20 pages</td>
<td>$0.30 per page</td>
</tr>
<tr>
<td>U.S. Postal Service</td>
<td>Based on weight</td>
</tr>
<tr>
<td>In-person/Pick-up</td>
<td>No charge</td>
</tr>
</tbody>
</table>

**Payment Options:**

Fees less than $25.00 may be paid in cash or by personal check. If paying in cash, please have exact amount.

Fees more than $25.00 must be paid by certified check or money order; payable to *Maricopa County Special Health Care District*.

**Commercial Requests:**

All commercial requests must be reviewed and authorized by District Counsel. Pursuant to Arizona law MIHS will assess the following commercial request charges:

- A portion of the cost to MIHS for obtaining the original or copies of the documents, printouts or photographs, including the cost of searching.
- A reasonable fee for the cost of time, materials, equipment and personnel used in producing and copying such record, or
- The value of the reproduction on the commercial market as best determined by MIHS’ auditor and appropriate department.

**Media Requests:** Requests submitted by the media are generally viewed as Non-commercial.
Maricopa County Special Health Care District
Request for Public Records

Name: _____________________________ Email Address: _____________________________ Date: _____________________________

Address: _____________________________ Email Address: _____________________________ Telephone including area code _____________________________

Please Note: MIHS is unable to provide a specific date or day on which your request will be available, as considerable time will be needed to inspect a public record in order to locate the appropriate record and additional time may be necessary for legal review.

Step 1: Complete all information for the required fields. Please print clearly. If you have questions, please call (602) 344-1262

Step 2: Submit the completed form by mail or in-person to the District Records Manager, MIHS Administration Building, 2601 E. Roosevelt Street, Phoenix, AZ 85008. Do not attach payment with this form.

Step 3: Wait to receive an invoice of estimated cost. After receiving the invoice, you may mail your payment to the above address. If the estimated cost exceeds $25, you will be notified for consent to proceed with the request. Documents will be released once payment is received.

Indicate whether you desire to inspect or receive copies of public records:
- Inspect
- Copy

Specifically describe the public record requested, indicate document name and page numbers:

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Indicate whether the request is commercial or non-commercial:
- Commercial
- Non-Commercial

If the request is for commercial purpose, please explain intended use, with specificity:

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Fees and Charges
For any request in which the estimated cost is anticipated to exceed $25 the Requestor will be required to prepay the total estimated cost before the request is released.

See attached Fees and Charges Schedule

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

* A.R.S. §39-121.03 – 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 of the foregoing information is true and correct under penalty of perjury. I agree to pay the fee for the records requested. I also agree that the public records will not be transmitted or resold to any other person or entity without specific authorization from the Board of Directors or its designee. 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 was made. I agree not to hold Maricopa County Special Health Care District or MIHS liable for any inaccurate or incomplete information I may receive.

Signature: _____________________________ Date: _____________________________

DISCLAIMER
Requester understands and agrees that the Maricopa County Special Health Care District does not guarantee the accuracy of the data and information requested and hereby expressly disclaims any responsibility for the truth, lack of truth, validity, invalidity, accuracy, inaccuracy of any said data and information. Requester/Purchaser accepts responsibility for Requester/Purchaser’s unauthorized use or transmission of any such data or information in its actual or altered form.

District Counsel Authorization

Date Received _____________________________

District Counsel Authorization

Date Received _____________________________

- Request Approved
- Request Denied

This request has been DENIED based on the following

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Signature of District Counsel

Date Processed _____________________________

Processed By _____________________________

Enclosed is the record you requested

No. of Single Sided Pages ________ x $0.25 =

No. of Double Sided Pages ________ x $0.37 =

No. of Compact Discs ________ x $5.00 =

Amount Due $ _____________________________

Received By _____________________________

No record was found based on the information provided

Other

Signature of District Counsel

Date: _____________________________