



**Public Records Request
Fees and Charges Schedule**

The following charges are hereby applied to all Public Records Requests for the Maricopa County Special Health Care District d.b.a. Valleywise Health.

For any request in which the estimated cost is anticipated to exceed ten dollars (\$10), the Requestor will be required to prepay the total estimated cost before the requested records are released.

Standard Copying Charges:

Letter size or Legal size – single sided	\$0.30 per sheet
Letter size or Legal size – double sided	\$0.45 per sheet
Letter size or Legal size – color single sided	\$0.75 per sheet
Letter size or Legal size – color double sided	\$1.13 per sheet

Audio/Visual or Data Disc Charges:

Flash Drive	\$15.00 per drive
Compact Disc (700MB of data per disc)	\$10.00 per disc

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:

Email – only documents electronically available can be emailed	No charge
Fax – up to 20 pages	\$0.50 per page
U.S. Postal Service	Based on weight
In-person/Pick-up	No charge

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 General Counsel. Pursuant to Arizona law Valleywise Health will assess the following commercial request charges:

- A portion of the cost to Valleywise Health 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 Valleywise Health' auditor and appropriate department.

Medial Requests: Requests submitted by the media are generally viewed as Non-commercial.



Request for Public Records

Name:	Email Address:	Date:
Address:		Telephone including area code
Please Note: Valleywise Health is unable to provide a specific date or day on which your request will be available, as considerable time will be needed in order to locate the appropriate record and conduct a legal review for any necessary redactions.		
Step 1: Complete all information for the required fields. Please print clearly . If you have questions, please call the District Records Manager at (602) 344-1262		
Step 2: Submit the completed form by mail, fax or in-person to the District Records Manager, Valleywise Health Administration Building, 2601 E. Roosevelt Street, Phoenix, AZ 85008, Fax Number (602) 344-5190. 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. Documents will be released once payment is received. If the estimated cost is under \$10, pre-payment will not be required.		

Indicate whether you desire to inspect or receive copies of public records: <input type="checkbox"/> Inspect <input type="checkbox"/> Copy	Specifically describe the public record requested, indicate document name and page numbers: _____ _____ _____ _____	Fees and Charges For any request in which the estimated cost is anticipated to exceed \$10 the Requestor will be required to prepay the total estimated cost before the request is released. <u>See attached Fees and Charges Schedule</u>
Indicate whether the request is commercial or non-commercial: <input type="checkbox"/> Commercial* <input type="checkbox"/> Non-Commercial	If the request is for commercial purpose, please explain intended use, with specificity: _____ _____ _____	

* 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, dba Valleywise Health 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.

Date Received: _____ Received By: _____