

Tri-city College Prep

HIGH SCHOOL AND MIDDLE SCHOOL

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Keeping Standards High
Helping Students Reach Them



PUBLIC'S RIGHT TO KNOW / FREEDOM OF INFORMATION

REQUEST FOR PUBLIC RECORDS

Name _____ Date _____

Organization _____

Address _____
(street) (city) (state) (zip)

Phone: Home _____ Work _____

E-mail address _____

Nature of request: Noncommercial Commercial

Opportunity to review records (no original record may leave the custodian's office)

Copies of records.

Please read and sign the following statement:

I have requested public records of the School District for a noncommercial purpose. I understand that if the records should be used for a commercial purpose, a verified statement of the purpose must be submitted per A.R.S. 39-121.03.

(Date) (Signature)

Notice: A fee will be charged of \$0.30 per black and white copy and \$0.50 per color copy, unless in accordance with ARS 39-122. Digital copy request fees will be dependent on the system requirements and materials needed. Request will be processed promptly but may take up to 45 days to complete.

Records requested (please be as explicit as possible as to the records you desire):