



Maricopa County Special Health Care District

Public Records Request Fees and Charges Schedule

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:

Letter size or Legal size – single sided	\$0.25 per sheet
Letter size or Legal size – double sided	\$0.37 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:

Audio Compact Disc (80 minutes of audio per disc)	\$5.00 per disc
Data Compact Disc (700MB of data per disc)	\$5.00 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	\$0.30 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 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:		Telephone including area code
<p>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.</p>		
<p>Step 1: Complete all information for the required fields. Please print clearly. If you have questions, please call (602) 344-1262</p>		
<p>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.</p>		
<p>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.</p>		

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: _____ _____ _____ _____	<p style="text-align: center;">Fees and Charges</p> <p style="text-align: center;">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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; vertical-align: middle;"><u>See attached Fees and Charges Schedule</u></td> <td style="width: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	<u>See attached Fees and Charges Schedule</u>							
<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 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.

Date Received	Received By	District Counsel Authorization	
Date Processed	Processed By	Date Received _____	
<input type="checkbox"/> Enclosed is the record you requested <input type="checkbox"/> No record was found based on the information provided <input type="checkbox"/> Other _____		<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied This request has been DENIED based on the following _____ _____ _____	
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 \$ _____		_____ Signature of District Counsel	