



# Maricopa County

Environmental Services Department  
Water and Waste Management Division

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www.maricopa.gov/envsvc

## NON-COMMERCIAL PURPOSE Public Record Request

Date: \_\_\_\_\_

**ONE FORM PER ADDRESS/PARCEL. No fee for Non-commercial Purpose requests.** Fax or mail form. You will receive verification by fax or phone call that your request has been received.

TO CUSTODIAN OF RECORDS OF: \_\_\_\_\_

(Designate County Department/Agency i.e., Onsite Wastewater Program)

Pursuant to A.R.S. §39-121.03, I certify that the purpose requested is for (check one):

- Non-Commercial Purpose only\*
- Commercial Purpose 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.

**\*NOTE:** If your request is for a commercial purpose, you must provide a certified statement setting forth the purpose for which the records will be used. Please use the Commercial Purpose Public Record Request Form for the Onsite Wastewater Program.

**Caution: A.R.S. § 39-121.03(C) provides:**

**A person who obtains public records for a commercial purpose without indicating the commercial purpose or who obtains a public record for a non-commercial purpose and uses or knowingly allows the uses of such public record for a commercial purpose or who obtains a public record for a commercial purpose and uses or knowingly allows the use of such public record for a different commercial purpose shall in addition to other penalties be liable to the state or the political subdivision from which the public record was obtained for damages in the amount of three times the amount which would have been charged for the public record had the commercial purpose been stated plus costs and reasonable attorney’s fees or shall be liable to the state or the political subdivision for the amount of three times the actual damages if it can be shown that the public record would not have been provided had the commercial purpose of actual use been stated at the time of obtaining the records.**

**Records found can be mailed, or picked up. Please plan on 5 - 10 business days for search to be completed.**  
**NOTE: Not all searches produce a record.**

FOR ADMINISTRATIVE USE ONLY:	Date returned to customer: _____
Receipt #: _____	Date of payment: _____
	Payment type & #: _____
SPTC /Billing Code# _____	Returned to customer by: _____
Record(s) found: _____	<input type="checkbox"/> No Record Found
Method released (faxed, mailed, picked up): _____	Fee charged: _____
	Result: UP NR EX

I am requesting a copy of the septic record/s of the following:

Site address: \_\_\_\_\_

Year system installed: \_\_\_\_\_

Complete legal description: \_\_\_\_\_

(Please note: If this is an approved subdivision, identify subdivision name and lot number. If not, provide a copy of deed including legal description)

Assessor Parcel #: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot #: \_\_\_\_\_

**The public records which I have requested are for the following purpose (required):**

**SYSTEM FAILING (check this box if system is backing up)**

I certify that all information provided is true and correct. I agree not to hold Maricopa County liable for any inaccurate or incomplete information I may receive. (See disclaimer below).

**DISCLAIMER INDEMNIFICATION**

**Requester/Purchaser understands and agrees that Maricopa County 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: \_\_\_\_\_

Requester Signature

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ Fax # \_\_\_\_\_

Email: \_\_\_\_\_

