



State of Arizona
Acupuncture Board of Examiners

1740 W. Adams
Phoenix, AZ 85007
Telephone (602) 542-3095

PUBLIC INFORMATION REQUEST

This document represents the verified statement that _____ submitted
(Name of requesting party)

to the State of Arizona Acupuncture Board of Examiners on _____, a request that the agency provide a copy or other reproduction of certain public records as specified below:

Specify records requested: (limit of 3 items per request)

1. _____
2. _____
3. _____

Signature of requestor: _____ Daytime Phone # _____

Complete Address of Requestor:

These records will be used for: Commercial purposes Non-commercial purposes

(If records are to be used for commercial purposes, specifically state those purposes below.)

FOR STAFF USE ONLY:

Date Request Received:	Date Sent:	Product Sent:
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PUBLIC INFORMATION FEE SCHEDULE:

- | | | |
|----|---|---------------------------------|
| 1. | Directory for Commercial purpose: | \$60.00 |
| 2. | Copy of records & documents: | \$.25/page |
| 3. | Copies of current year Board Meeting Minutes: | \$25.00 for each set of minutes |

All Fees are non-refundable.

If you are requesting a copy of the Directory of Acupuncturists and Auricular Acupuncturists [Please follow THIS LINK to the credit card payment portal to pay for your records.](#) Select DIRECTORY as the product. You will receive a separate emailed receipt for your credit card payment. You will need to provide your authorization number in the box below. The authorization number can be found on the confirmation webpage or in the email and receipt that you received after you made payment.

Please check which of the below is true.

I have paid for these records using the above link. My authorization number is: _____

I will print this form and submit it with a check and I understand that the records will not be delivered until payment is received. The Check number with my form is: _____