



Arizona State Board of Optometry
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 Phoenix, AZ 85007
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OFFICE USE ONLY

PUBLIC INFORMATION REQUEST

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

to the Arizona State Board of Optometry 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

FOR STAFF USE ONLY:

Date Request Received:	Date Sent:	Total number of copies/names sent: Invoice Number:
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PUBLIC INFORMATION FEE SCHEDULE:

1. Licensee Mailing Address Listing:
Non-commercial request:
 - A. Paper copy of name and address \$.05 per name
 - B. Printed labels of name and address \$.15 per nameCommercial request:
 - A. Paper copy of name and address \$.25 per name
 - B. Printed label of name and address \$.35 per name
2. Record searches: \$25.00 per hour
(\$10.00 minimum charge)
Non-Commercial request:
 - A. Paper copy \$.25 per pageCommercial request:
 - B. Paper copy \$.50 per page
3. Pamphlets containing optometry statutes and rules: \$5.00