



**Arizona State Board of Dispensing
Opticians**

1740 W Adams, Suite 3001

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 Dispensing Opticians 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:

Email Address of Requester

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:

PUBLIC RECORDS FEE SCHEDULE:

1. Licensee Mailing Address Listing:

Non-commercial request:

- A. Paper copy of name and address \$ 1.00 per page
- B. Printed labels of name and address \$ 0.10 per name

2. Commercial request:

- A. Paper copy of name and address \$ 2.50 per page
- B. Printed labels of name and address \$ 0.30 per name

3. Record searches: \$ 36.00 per hour
(\$10.00 minimum charge)4. Dispensing Opticians Act
statutes and rules: \$5.00

5. All other records \$ 0.50 per page