

MOHAVE COUNTY AIRPORT AUTHORITY, INC. PUBLIC RECORDS REPRODUCTION REQUEST

1. Contact Information			
First Name		Last Name	
Company Name			
Mailing Address –(Including street or box number)		City	State Zip Code
Telephone # ()	Fax # (include area code) ()	E-mail address	

2. Use of Record		
<input type="checkbox"/> I have reviewed and read the MCAA Public Records Policy – Subject #8	Location/Camera	Airport Use Only
The requested records will be used for (check one): <input type="checkbox"/> NON-commercial purposes. <input type="checkbox"/> COMMERCIAL purposes. <input type="checkbox"/> Government Purposes. If you intend to use these document’s for commercial purpose, state the commercial purpose in the field below for which the above-requested public records will be used.	Date	
	Start time	
	End time	

3. Document Information Check One	<input type="checkbox"/> Paper Copy	<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Electronic Copy
Name of record or document			
Date filed	Name of person on the record or document		
<input type="checkbox"/> Please notify me to pick up this record when ready		<input type="checkbox"/> I am requesting this information to be sent by mail	
<input type="checkbox"/> Please email me the requested items		Depending on type of request, fee’s may apply	

4. Signature	
STATEMENT: I understand that the copy or other reproduction of the public record which I have requested is to be used solely for the purposes as stated on this form. I declare that such copies or reproductions will not be used directly or indirectly for a different purpose other than prescribed on this form.	
Signature	Date

CCTV REPORT LEASES POLICIES/PROCEDURES MEETING MINUTES OTHER
 (Note: If requesting video, all information requests to MCAA are subject to the approval of the Airport Director or his designee. Requestor agrees to provide electronic storage media for video transfer (CD, DVD, etc.).)

Airport Use:

Request received by: _____ Date received: _____

Approval of Airport Director or designee: _____

Request fulfilled by: _____ Title: _____