



STATE OF ARIZONA
BOARD OF BEHAVIORAL HEALTH EXAMINERS
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Email Address: information@azbbhe.us

DOUGLAS A. DUCEY
Governor

TOBI ZAVALA
Executive Director

PUBLIC RECORDS REQUEST FORM

Name: _____

Address: _____

City, ST, Zip Code: _____ Phone: _____

Please complete and submit the following form to request access to or copies of public records. If you are making a request for photocopies, staff will notify you of the cost by mail. If you would like to view the files in person, staff will confirm your request by telephone. Confidential records will not be provided.

License File – List name or license #: _____

Photocopies (\$.50 per page after 4) Electronic Records CD (\$25.00) Review in person

Meeting Information – For meeting date: _____

Photocopies (\$.50 per page after 4) Electronic Records CD (\$25.00) Audio CD (\$20.00)

Complaint Resolution – For complaint #: _____

Photocopies (\$.50 per page after 4) Electronic Records CD (\$25.00)

Mailing List – Available by Email only – File includes name, mailing address, license # and expiration date.

Excel File (\$150.00) – Email Address: _____

License Verification (\$20.00) List name or license#: _____

(Verifies license #, issuance date, expiration date and disciplinary action history. Available online for free)

Other / Comments:

Will the records you have requested be used for commercial purposes? YES NO

If “YES”, please indicate the commercial purpose: _____

Signature: _____ Date: _____

Board fees under \$40 may be paid by personal check. All other fees are payable by certified check or money order.