

ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS

1740 West Adams Street, Suite 3407 Phoenix, Arizona 85007 www.ot.az.gov (602) 589-8352 FAX: (602) 589-8354

PUBLIC RECORDS REQUEST FORM

		Last		First				Middle		
Name	е	Lasi			FIISI			Middle		
Address			Number/Street				City	State	Zip code	
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Phone:				E-Mail Add	ress					
Please provide requested records in the following format:										
E-Mail CD ROM										
These records will be used for:										
	Please indicommercial commercial			cate the value of the reproduction on the market			\$			
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	Non	-Commerci	al Please ir	ndicate the p	icate the purpose for which these records are needed					
Basic fees for copies of public records (These amounts will change if the purpose is of a commercial nature.										
	\$2	For the directory of ALL Arizona licensed occupational therapists and occupational therapy assistants.								
	\$225.00 For the directory of Arizona licensed occupational therapists and occupational therapy assistants residing in Arizona.								upational	

Please be advised that the ONLY public record that can be provided as it relates to the address of the therapist or assistant, is the address of their employer which includes the name of the employer, the employer address and telephone number. We <u>cannot</u> provide the home address of any therapist or assistant UNLESS they do not provide employer information. Under that circumstance the home address becomes public record.