



Arizona State Board of Examiners of  
Nursing Care Institution Administrators &  
Assisted Living Facility Managers  
1740 W. Adams, Suite 2490  
Phoenix, Arizona 85007  
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OFFICE USE ONLY

## PUBLIC INFORMATION REQUEST

1. This document represents the verified statement of \_\_\_\_\_ submitted to the Arizona State Board of Nursing Care Institution Administrators & Assisted Living Facility Managers on \_\_\_\_/\_\_\_\_/\_\_\_\_, requesting a copy or other reproduction of certain public records specified below:

2. Complete Address of Requestor:

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3. These records will be used for  Commercial  Non-commercial purposes.

4. Certify records for court use?  Yes  No.

5. Specify records requested:

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6. Signature of requestor: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## **PUBLIC INFORMATION FEE SCHEDULE**

**Business Checks, Money Orders or Cashiers  
Checks only. To be made out to, "NCIA Board"**

1. **Non-commercial request:**

\_\_\_\_\_ Copies @ \$.25 per page.

\_\_\_\_\_ Total (Non-commercial)

2. **Commercial request:**

\_\_\_\_\_ Copies @ \$.50 per page.

\_\_\_\_\_ Mailing List of Administrators (active) @ \$100.00 per list.

\_\_\_\_\_ Mailing List of Managers (active) @ \$100.00 per list.

\_\_\_\_\_ Mailing List of Manager Applicants @ \$50.00 per list

\_\_\_\_\_ Total (Commercial)

3. **Mailing List Format Request:**

\_\_\_\_\_ Excel (\*.xls)

\_\_\_\_\_ HTML (\*.htm; \*.html)

\_\_\_\_\_ Rich Text Format (\*.rtf)

\_\_\_\_\_ Data Access Page (\*.htm; \*html)

4. **Processing Request**

\_\_\_\_\_ E-mail

\_\_\_\_\_ CD

\_\_\_\_\_ US Mail